Physico-Clinical Medicine

A QUARTERLY JOURNAL DEVOTED TO THE STUDY OF THE ELECTRONIC REACTIONS OF ABRAMS AND THE VISCERAL REFLEXES OF ABRAMS IN THE DIAGNOSIS, TREATMENT AND PATHOLOGY OF DISEASE

Vol. 7 DECEMBER, 1922 No. 2

FOUNDED AND EDITED BY
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All the subject-matter of this Journal refers to the original research work of Dr. Albert Abrams. Citations from other sources will be duly accredited. "SPONDYLOTHERAPY" and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" constitute the archetype of this Journal and "S," in parenthesis, followed by a number, refers to the page in the former and "N. C." to the latter work where extended consideration of the subject cited will be found. "J," refers to a previous number of this Journal. The motive of this Journal is to replace the cell doctrine by the Electron theory. Vital phenomena are dynamic and the actions of organisms should be regarded as processes and not as structures. Exclusivism is excluded insomuch as all sciences are embraced in practical medicine and diagnosis must invoke physical, biological and chemical methods. All problems in medicine not in accord with the progress made in physical science are doomed to perish.

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O Hell! What's the Use!

PHYSICIANS attending my clinic from various parts of the world are quite familiar with this, my favorite expression. It is equally sententious and cogent in dismissing captious criticism when all discussion is futile. This question is rarely answered by those who ask it. Hence, my contemptuous silence toward critics, whose conception of my methods is akin to that of a Swiss cheese sandwich replying to questions concerning the nature and composition of celestial bodies.

It is easier to condemn than to investigate. Hence,

the prestige of condemnation. Mentation pursuing the natural laws, always seeks the path of least resistance. There are two traits characterizing the average human: 1. Considering anything impossible that we ourselves cannot execute; 2. Refusing to believe anything that our finite mind cannot grasp.

We have more to fear from our friends than our enemies.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E., former president of the British Medical Association and one of the greatest diagnosticians in the world declared * that, "In my opinion, he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."

My friend, Dr. William C. Voorsanger, of San Francisco, the proprietor of a "Tuberculosis Sanitorium," whose knowledge of my "methods" is akin to that of the aforesaid sandwich, does not agree with Sir James, and says so in a "private" letter to a patient in a "public" newspaper.

As your former Professor, my dear Willie (I was about to declare, Et tu Brute!), permit me to congratulate you on, to my knowledge, your first real contribution to medical literature. I am sorry to learn that you are still in that mental attitude which makes reason declare, "There ain't no such animal."

You are like the man who, seeing a locomotive for the first time, maintained it would not go and, when it did go, declared, "It could not stop."

There is only one thing worse than being "talked about" and that is, "not being talked about."

I want no bouquets. Flowers are only intended for chorus girls and funerals.

Just a final word, dear Willie. Continue your unevent-

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* Medical Press and Circular (London, England), January 12, 1921.

ful life as before by being nothing, saying nothing, and doing nothing, so that enmity may not be engendered.

There are hundreds of physicians who are in possession of new ideas, but from fear of adverse criticism are reluctant to present them to their profession.

Now, a new idea in our gregarious profession is a consummation devoutly to be wished.

The deplorable state of present-day medicine is evidenced by the rapid growth of cults which is an unanswerable argument to the inefficiency of medical practice.

There are no cults in mathematics, physics or chemistry.

Abrams is about to erect in San Francisco a "College † of Electronic Medicine." What he believes to be an innovation will be the creation of a department dedicated to the investigation of "New Ideas" presented by members of his profession. Such ideas will not be received with contempt, but welcomed as exalted products of ratiocination. The following is a legitimate question and the answer to Dr. G. G. Smith of the Harvard Medical School:

1. "In your address ‡ Sunday afternoon, you alluded to the conduction of radio-activity from the patient to the dynamizer by means of a wire several feet in length. You compared this phenomenon to the measurement of radio-activity by means of the electroscope, as ordinarily practiced; for example, in the measurement of degree of radio-activity of radium itself. This process depends upon the ability of the radium to ionize the air within the chamber of the apparatus, and is brought about by the passage of

† Clinics in this **College** will be maintained for the sick who are without funds.

Abrams cannot entirely support this **College** without some assistance, and he is here addressing himself to those philanthropists among his patients and those of his disciples who have received benefit from his methods and are desirous of according these benefits to the poor who cannot afford them. Endowments will be credited to the donors.

‡ Address of Dr. Abrams in Boston.

gamma rays from the radium tube through a lead plate into the chamber of the electroscope. These gamma rays cannot be conducted through a wire. In your method of electronic diagnosis, there is no apparatus corresponding to the electroscope which is brought into contact with the patient except, possibly, dynamizer and that by means of the wire. 2. Will you please elucidate this matter and give your theory as to how the radio-activity of an organ, such as the kidney, can be drawn off from the seventh cervical vertebra of the patient, conducted along a wire several feet long, and then be expected to produce definite electronic reactions?"

The question has been raised as to the manner in which the radio-activity of an organ can be conducted along a wire to the dynamizer, in view of the fact that neither the alpha, beta or gamma rays (the usual manifestation of radio-activity) can be conducted along a wire. When we alluded to the conduction of radio-activity from the patient to the dynamizer by means of a wire several feet in length, it should be clear that we do not actually obtain a conduction of the radio-activity itself, but rather an electric transmission of the effects of such radio-activity. This electrical transmission of such effects is, however, comparable in every way to the radio-activity itself. The following illustration will make this clear:

Consider the ordinary telephone. We speak of the telephone conveying speech and other sounds from a distance, in spite of the fact that speech and the other sounds referred to consist of air-waves. Of course, the wires do not actually carry air-waves spoken into the transmitter and along wires to the distant receiver. What actually happens is that the transmitter sends a series of electric waves over the wires to the receiver; these electric waves reproducing at the receiver the original sound, of which they are a faithful reproduction. In other words, while perhaps not a precise statement, it is customary and proper to refer to a telephone as conveying sound from a source along a wire to the distant receiver, although it is apparent that the sound itself, consisting of air-waves,

cannot travel along a wire. This analogy should make clear how radio-activity—that is to say, all of the manifestations by which we recognize an object as being radio-active, can be conveyed along a wire.

The radio-activity of an organ induces an electrical change in the conducting-wire which is in its proximity. This electrical effect is then conveyed along the wire to the dynamizer, which acts as a translating device, and the resulting effect is to all intents and purposes the same as if the radio-activity itself were actually conveyed along the wire.

The second question is an error of observation and demands no reply.

Oscilloclast Depolarizer

IN HIS BOOK, "New Concepts in Diagnosis and Treatment," Abrams refers to two methods of therapy based on the laws of physics. The first is that of destructive resonance, the principle of his instrument, the "Oscilloclast," and called "Homo-oscillatotherapy." The second method is that of "Polaritherapy." It is known that, in the differentiation of matter, polarity is an important factor. Electrons * are charges of positive and negative electricity, and the latter is the only known constituent of ponderable matter which makes up our universe.

The E R A show that matter (specifically in disease) may be neutral (isopolar) (tuberculosis) positive (cancer) negative (strep.) or positive and negative (syphilis and sarcoma). Electrons are mutually antagonistic and sep-

* Physicists now speak of an **Electron** (elementary corpuscle of negative electricity) and **Proton** (elementary corpuscle of positive electricity). One is complementary to the other. We shall refer to both as an entity and continue to assimilate them by the designation, electron.

arate from the presence of one another unless restrained. They maintain their identity by virtue of their polarity.

When the force as expressed by the relative charges of an electron is equal, it yields a neutral energy. If it contains an excess of positive charge (loss of negative corpuscles), it yields a positive energy and a negative energy when the balance wheel is upset by a loss of positive corpuscles.†

In our previous efforts to execute polaritherapy, we endeavored to impose another polarity upon the morbid tissues by external applications of dyes yielding a polarity antagonistic to that of the morbid tissue.

Thus, in cancer, which yields a positive energy, a solution of eosin (yielding a neutral energy) was painted on the site of the growth.

The results, though most encouraging, were not ideal, as far as rapidity of action was concerned.

The spontaneous disruption of an electron without the stimulus of external agents is constant, for example, in uranium and radium.

There is a larger group of electrons which do not show this tendency to break down constantly.

It occurred to the writer that disintegration of electrons may be achieved by depriving them of their polarity, and after some experimentation a depolarizer was constructed.‡

It is only used on the alternating current. It is provided with a fuse-plug, so it will not be injured if inadvertently connected with a direct current.

The method of use is as follows: After depolarization

† The viability of morbid tissue, like all other entities, is in direct ratio to its energy production. As an analogue, the magnet may be cited. Charged magnetically, the metallic molecules are polarized in a definite direction so that its energy capacity is expressed by attracting iron objects. Depolarize it or strike it with a few sharp blows of a hammer, and it becomes powerless to attract objects.

‡ Price, $27.50, f. o. b.

of a morbid area for three minutes, immediately apply the electrode from the oscilloclast at the appropriate rate for the usual time. Use metal at end of apparatus directly to morbid area.

In syphilis, first concuss in the usual way followed by splenic depolarization, and then the oscilloclast.

Caution—Do not use depolarizer if patient is connected to the oscilloclast. Use polarizer first and then make oscilloclastic connections. In cases where it was impossible to eliminate the cryptogenic reaction of syphilis over a long period of time, this was effected with the depolarizer and oscilloclast in a few treatments.

Depolarization after three minutes destroys an electronic reaction for about one-half hour. Then the depolarized electrons attract other electric charges and the reaction returns. Running a horse-shoe magnet over the depolarized area restores the reaction at once. Here the magnet furnishes the source of electronic charges.

Some observations like the following may be cited: Laryngeal tuberculosis, 2 ohms. Depolarization and oscillocast. No reaction after two hours. On following day, reaction 24/25 of an ohm.

Acquired syphilis, blood, 39 ohms. After concussion (spirochetes aspirated into the spleen), the reaction from spleen measures 56 ohms. After depolarization and oscillocast, reduced to 1 ohm.

Breast carcinoma—After two treatments reduced from 9 ohms to 1 ohm. It is yet too early to say anything about the permanency of results, but the maneuver is most promising.

Imitation Oscilloclasts

OUR attention has been called to an instrument manufactured by certain parties * and alleged to be similar to the oscilloclast. It is, of course, inevitable that any machine accomplishing the wonderful results of the oscilloclast should have imitators and infringers. It need hardly be stated that the Physico-Clinical Company will, through its legal department, take the necessary steps to protect legitimate lessees from these dangerous and ineffective imitators.

That patent laws and the doctrine of unfair trade give adequate ground for the vigorous prosecution of the manufacturers and users of infringing machines. The legal problems involved are relatively simple, and most vigorous action will be immediately taken against all infringers that are brought to our notice. There is, however, a more serious aspect to the matter, and that is the fact that an inspection of the imitation referred to above discloses it to be not only ineffective, but positively dangerous to use; ineffective because the most elementary laws of electric circuits were ignored in its construction, and dangerous, for the reason that no means were provided to protect the patient from accidentally getting the full line voltage.

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* Our attention has been directed to certain violators, whose names have been deleted from "Lessees of Oscilloclast."

Any unethical misuse by advertising or otherwise, cancels the oscilloclast contract.

Psychology of Scientific Experimentation

THERE are more false facts than theories in psychology. The writer has disproved the current belief that thought concentrated on the area will increase the vascularity and sensitivity. On the contrary, if an individual is directed to concentrate his attention on a given skin area and the concentration is sufficiently intense, that area will become blanched, enabling one to make a bloodless and painless incision or a painless hypodermic injection.

Our perception of things is subjective and objective, and it is our subjective mental eye that yields varying analyses of visualization.

We perceive with our objective and apperceive with our subjective eye.

There are none so blind as those who cannot see is literally true, and why?

Every phenomenon in nature is only a question of rate vibration and its specificity is only differentiated by wave-lengths. I have shown how "thought forms," which were specified as ideograms, may appear on the arm when definite simple objects were conceived in the process of mentation.

Thus, one can explain physiologically the "stigmata" supposedly of hystero-pathological origin.

Now, a phenomenon, in addition to wave-lengths, is equally a matter of polarity. Perception and apperception are like all physiologic processes electrical phenomena, readily demonstrable as I have shown by aid of an electroscope, the most sensitive apparatus in science.

A person unwilling to see is literally unable to see.

With a negative mental attitude, wave-lengths of a neutral polarity are evolved which neutralize or depolarize the radiations on which current visualization is dependent. Let a person facing the geographic west fix his attention on printed small words held at a distance. Then pass a horseshoe magnet (which yields a neutral energy) over the head on the left side and, as a rule, when

the magnet reaches the visual center, there is a slight blurring of the letters.

Similarly, the person visualizing, who can vividly conceive momentarily the words as non-existing, may note the same effects as when a magnet is used.

Thus, demonstrations made before people with adverse wills are usually failures.

One must awaken a receptive mind so that witnessed phenomena will not be befuddled by an astigmatic subjective eye.

There is no royal road to learning.

To most persons, thinking is a painful process.

The credulous believe too much and the skeptics too little.

The mental condition of the one is no less offensive than that of the other.

Theoretically, it is difficult to conceive a scientific experiment beset with the same difficulties encountered in subjective visualization.

A few months ago, a Fellow of the Royal Society, England, read a paper on "The Behavior of the Pith Ball in Ionized Air."

The pith ball * is an electroscope and, in many experiments, a more impressionable apparatus than the gold-leaf electroscope.

In a previous publication, reference was made to "The Electrical Nature of Man." It was shown that a normal male (standing west) discharges positive energy from the finger-tips of the right hand and will, therefore, attract the ball.

Before the finger-tips approach the ball, let an individual adjacent to the experimenter will adversely, i. e., will that the ball will not be attracted, and then suddenly release the autosuggestion.

Note that at the moment this is done the ball is attracted.

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* I have recently found that a pith ball may be readily charged negatively by first cleaning the rubber rod's surface with steel-wool before striking it on a cat's skin or rubbing it with a wool cloth.

Try the same experiment with an inanimate object adjacent to the ball and note the same effects.†

In "New Concepts" reference was made to a yellow light thrown on any skin area of a person willing adversely will inhibit his negativity. This may also be shown experimentally.

Thus, psychology is an important factor even in experimentation.

Psychology seems now to have resolved itself into tests of proficiency and organizing work in such a way that as much work as possible can be gotten out of an individual. If this continues, the behaviorist psychologist will soon outline methods of thinking so that we may live without it.

Diagnostic Radiophony

THE E R A are electrostatic phenomena and are demonstrable as such with the electroscope. We have at last succeeded in utilizing this phenomenon by aid of a radio apparatus without skin contact, thus eliminating in the reactions any possible personal equation.

The principle is based on resonant radio frequency vibration. An audible signal is produced by audio frequency transformation imposed upon a loud-speaking device, and a change of note indicates the reaction.

It is contemplated, if possible, by the same means or otherwise, to determine the wave length of each disease.

The apparatus in its incompleted condition has already been demonstrated to my present class (November, 1922).

After this manner, the E R A will receive the imprimatur of science, and the captious critics will be silenced.

One cannot disprove the great Pyramids by showing the impossibility of getting the stones into place.

† These experiments were successfully executed before my classes and among others to Dr. Frederick A. Kolster, one of the chief radiotricians of the Bureau of Standards, inventor of the wavemeter and decremeter known all over the world, and Charles Hill-Tout, Ph. D. (Oxford), F. R. S. C.

THE OSCILLOCLAST

[The following is a copy of the usual answer forwarded to inquiring physicians by Jean Du Plessis, M. D., Chicago.]

"In reply to your recent inquiry regarding Dr. Abrams methods of diagnosis and treatment, please note the following:

I have been using the oscilloclast for nearly three years. During the first year or so, my results were very unreliable, that is, they would be remarkable in some cases and negligible in other apparently similar ones. At that time I had not yet taken instruction in electronic diagnosis, and I was using the treatment on the basis of clinical findings.

Being unable to account for my irregular results, I began sending blood specimens to Dr. Abrams, and was pleased to find that treatment applied according to his electronic findings disposed of most of my previous 'unexplained' failures. Having since studied electronic diagnosis under Dr. Abrams, the reason for the above is now quite clear to me.

As you know, the number used on the oscilloclast has to duplicate exactly the vibratory rate of the patient's disease, and since it is admitted that in earlier cases clinical diagnosis is apt to be erroneous, the wrong number on the oscilloclast is thus used. On the other hand, by the time an unquestionable clinical diagnosis can be made, the disease is already far advanced.

It has been my observation that, **when correctly used,** the oscilloclast will do more for chronic cases than any other method of treatment. I can say this advisedly, because for years I have used practically every method of physical therapy that is valuable in the treatment of chronic cases. I have had very little experience with the oscilloclast in treating acute diseases, because I conduct an office practice exclusively.

As to electronic diagnosis: It speaks for itself, if you consider that not only can the nature of a disease be determined by examining either the patient or his blood, but its **focus can be located** and its virulence can be **measured in ohms.** While there are other means of benefiting the sick besides the oscilloclast, there are no diagnostic measures that will supply the above information other than the electronic reactions of Abrams. The most impressive fact about it all, however, is that any intelligent physician who applies himself diligently can master the technique."

Du/RG

CHIROMETASEOSIS *

By Sir James Barr, C. B. E., D. L., M. D., LL.D., F. R. S. E.

In the Medical Press and Circular of January 26, 1921, there appeared an article by Dr. Albert Abrams on the Electron Theory in Percussion, and one by myself on Dr. Albert Abrams' Methods of Diagnosis. In an annotation by the editor he accepted and advanced the belief "that all constitutional diseases are mirrored in the blood." The object of this paper is to show that they are also mirrored in the handwriting.

Chirometaseosis is a word coined by Dr. Abrams to designate his analysis of handwriting whereby he can tell the sex, race, disease (if any), roughly the age and expectancy of life of the writer. This at first sight may seem impossible and incredible, but it is no less true and perhaps no more wonderful than wireless telephony. I presume every discoverer has a right to give a name to his discovery, but personally I prefer to designate the discovery, Albert Abrams' Analysis of Handwriting.

So far, the only publications on the subject are two articles by Albert Abrams himself in the March and June numbers of Physico-Clinical Medicine, and which together only occupy six and a half octavo pages of large type, an appreciative article on Abrams' work by Upton Sinclair, which roused the impotent ire of the editor of the journal of the American Medical Association. There have also been in the American press a few copies from Abrams' writings, but no original work by others.

In inviting the editor to publish this paper I cannot say whether I am doing him and his paper a good turn or not; probably not, for if he have not yet learned, he probably soon will learn, in the language of Dean Inge, that medical opinion is "a vulgar, impertinent, anonymous tyrant who deliberately makes life unpleasant for anyone who is not content to be the average man." Whatever opprobrium he may get from his contemporary editors, I am not likely to be subjected to much intelligent criticism, as the only other one in this kingdom, including the Free State, who has any practical knowledge of the subject is my friend, Dr. Mather Thomson, who, on my recommendation, studied at Abrams' clinic.

It is difficult to explain an intricate problem like this within the compass of an article. "Seeing is believing," and it is difficult to convince the average man of the accuracy of what he does not see, and, perhaps, does not hear. He fails to recognize

* The Medical Press and Circular, London, October 11, 1922.

that the eye is often a very imperfect organ, and sight is one of the least reliable of our senses.

This analysis is really simple enough when you know how to do it. There is no trickery or sleight of hand in the matter, and I don't believe that Devant could do it without some training. It is, as I have said, no more wonderful than wireless telephony, except that Abrams has introduced a much more delicate receiver than any which was ever devised by the hands of man, viz., the human body. There is no photographic plate so sensitive as the human eye in the detection of color vibrations. Abrams has invented a delicate instrument called the oscillophone to replace the human receiver, and thus get rid of all possibility of the personal equation, but this sensitive instrument, unlike the human body, is ill-adapted to bear the jars and shocks of nature.

This analysis of handwriting is based on physics; there is no bio-chemistry about it, and Abrams says that any advance in medicine which is not in conformity with physical laws is doomed to perdition. He is evidently not very hopeful of this work rapidly catching on, as he says he is writing for posterity and not for contemporaries.

In order to interest your readers and show them that the matter is worthy of their consideration, I shall first give a few of the end-results which I have attained, and afterwards try to explain the physical laws with which we have been dealing. Abrams' first paper appeared in March, and some time early in April I began to amuse myself with the study of the subject. By May 2, I was able to say in a letter to Abrams that I have no difficulty about the sex, nationality or any pronounced condition of disease.

On April 20 I received a letter from an arts student in Paris saying that a friend had recommended her to get me to examine her blood, and she wished to know if I would do so. Her quaint description of the vicissitudes which she had suffered at the hands of medical men gave me a hearty laugh, and interested me in the patient. Her letter was partly typed and partly handwritten. The letter I analyzed. I wrote her that I would be pleased to examine her blood if she had it drawn by a medical man, according to the instructions which I enclosed. My analysis of her handwriting showed that, although an American by birth, she was Scottish on her father's side, and Scottish or English with a mixture of Spanish on her mother's side; that she had good potentiality and, therefore, her prospects of life were very good. It also showed that she was suffering from congenital syphilis, but this I did not then mention, as some people have a

great objection to anything which might be supposed to cast a slur on their parents.

On April 23 she acknowledged the receipt of my letter, saying that she perceived I was a magician, and as she would rather be on the side of the devil than against him she would not bother about her blood, but was coming straightaway to see me. I told my secretary to stop her for three weeks, as I was going to have a short holiday. At the end of that time she was here and brought a friend with her. Her examination corroborated in every respect, including the congenital syphilis, my analysis of her handwriting. She is quite satisfied with her progress under treatment.

Her friend suffers from well-marked mitral stenosis, but is doing very well under decalcifying treatment. She says that at one time she was painfully cognizant that she had a heart; now she is not aware of its presence. I told her that she was descended from the kings of England, and she was very pleased when I discovered a mixture of Irish on her father's side, and that she is more like her father than her mother. Her mother, although American-born, is pure English.

Both these patients are very much interested in handwriting, and as the friend is a good medium I have used her for many of my observations. They have camped out on the Southport line, and enjoyed the simple life. When I was away during the last fortnight in July they awaited my return, and said that they would have been quite happy if I had allowed them to take the instrument with them. They are very loth to part with me, and I with them, as such intelligent and interesting patients are not common.

On May 12, I received a letter from a medical man, of whom I had never previously heard, making inquiries about Dr. Abrams' apparatus and methods. My first impression was to give the Irishman's evasive answer. On second thought, it seemed to me that he was not an idle curiosity hunter, but an honest seeker after truth, which he wished to obtain at the least possible expenditure of time, energy, and money, so I passed on his letter to my secretary, asking her to place it in the next batch for examination. I would then tell him something about himself rather than about Abrams.

On May 18, I wrote, inter alia, I find you are a male which, no doubt, you will say is obvious, but it was not known to me before I examined your letter. Your potentiality is 20/25 of an ohm, so if you want to live to seventy you will require to take care of yourself. I don't know what your age is, but as you are suffering from arteriosclerosis I should say the late forties or

early fifties. You have not got syphilis—congenital or acquired—no cancer, no tuberculosis, no streptococcal infection. Regarding your racial characteristics you seem to be a queer mixture on which I would not like to take my affidavit. On your father's side you give the reactions for an English Jew with probably a trace of German; on your mother's side Irish and Spanish. This is as close as I can go without a sample of your blood. My secretary said to me, "You are surely not going to send that letter; you will offend the man for life." I replied that he would not be the first that I had offended, and anyone who did not like the truth had better not get into correspondence with me; so the letter went. On May 20 he replied, "Your diagnosis of a queer mixture is quite correct, for I have seven nationalities in my composition, and for this I thank Providence. My dear old master, the late Sir Lauder Brunton, used to say, in the multitude of counsellors there is wisdom; so in the multitude of nationalities there may be some good."

He afterwards sent me a sample of his blood, and on June 7 I wrote, "I have examined your specimen of blood this morning. I find that it gives the male reaction with a potentiality of 22/25 of an ohm; it gives the same racial characteristics as your handwriting with an additional doubtful Portuguese reaction on your mother's side. There is no syphilis—congenital or acquired—no streptococcal or staphylococcal infection, no malignant disease, no tuberculosis, but there is well-marked reaction for arteriosclerosis and also for colisepsis."

On June 8 he replied: "As regards your statement that I am suffering from colisepsis, I have to admit that this has been the case for many years, and has, in consequence, always been a great nuisance in that I am always conscious that the moment I leave myself untreated life becomes a bore."

At the end of May I had a letter from a distinguished man in the political and commercial world, who spends a good part of his time in London. I wrote him that his handwriting gave a reaction for glycosuria, but not for acidosis, and I advised him to see Dr. Cammidge. He was in no hurry to do so as he said he never felt better. However, eventually he did so, and on June 22 Dr. Cammidge wrote me a long letter, from which I cull the following paragraph: "An odd sample of urine which he passed here was found to contain 4.0 per cent of sugar, the whole of which appeared to be dextrose. No acetone or other evidence of acidosis could be found, but there was a very pronounced excess of urobilin, pointing to some disturbance of the functions of the liver. A sample of blood taken two hours after breakfast was found to contain 0.40 per cent of sugar, compared

with the normal of about 0.14 per cent at the same time. An analysis of the patient's alveolar air showed a normal carbon dioxide tension."

The patient consented to go into Dr. Cammidge's home for a fortnight on condition that he was allowed out during the day to transact his business as usual, which was granted. I have since had a very favorable report from Dr. Cammidge. I know that Dr. Cammidge has, financially, done very well out of my handiwork while the only thing which I have ever had has been a little scientific amusement.

At the beginning of June I had some correspondence with a Yorkshire doctor about a case of tuberculosis and on June 7, I thought I would tell him something about himself as well as about his patient. I told him that his handwriting gave a male reaction with a potentiality of 12/25 ohms. The following reactions were absent on both his father's and mother's side: Japanese, Italian, Russian, Jew, Negro, Portuguese, French and German. There was a doubtful trace of Irish on his father's side; English or Scotch on both sides. There was no reaction for staphylococcus, streptococcus or tuberculosis, no syphilis—congenital or acquired—no malignant disease, but there was a reaction for colisepsis and arteriosclerosis.

He took his time to reply, no doubt owing to his submission of my diagnosis to some acid tests. However, on July 25 he wrote, inter alia, "I was particularly interested in your diagnosis of my handwriting. There is the mixed English and Scotch which you mention—my mother being Kentish and my father east of Scotland. The reaction for the colon bacillus is also correct, for I had a faecal examination made by the Clinical Research Association, and it was rather marked." He gave other details about his condition, and was rather concerned about the arteriosclerosis, and wished me to prescribe for him.

On August 10, I wrote him: "I have examined your last letter, and I think it is better than the first. It is rather difficult to say whether you more closely resemble your father or your mother, as there is only a difference of 5/25 of an ohm in the two reactions, but your father has it. Your own potentiality has improved to 1.20/25 ohms, so I would recommend any insurance office to accept your life as a good one. The arteriosclerosis reaction is very slight, but the colisepsis is marked." Then follows my directions as to treatment. This is the first case where I have ventured to prescribe on the strength of the handwriting, but then I was dealing with a doctor who can control the treatment.

Abrams' examinations of the blood and handwriting are excel-

lent for diagnosis, and you could not make the 50 to 95 per cent of errors of which we hear so much nowadays. For treatment I prefer to see the patient, as Abrams facetiously says, it is often not so much the kind of disease the patient has got, as the kind of patient the disease has got. In the present day when there is so much trumpet-blowing, and so little action about professional secrecy I think very few will be able to spot the individuals to whom I have referred, and I am submitting my remarks to them for their approval.

I am now going to mention one name, the late Field Marshal Sir Henry Wilson, of whom I have nothing to say but the highest praise. A finer, nobler, or more disinterested patriot I have never known. He was absolutely incapable of any mean or selfish action. I read his handwriting and he said as far as he knew it was correct. When sitting in my garden discussing this and other subjects I told him that he was free from disease of any kind, and he had such good potentiality as would carry him far into the eighties if he were not laid low by an Irish bullet. In a month he was brutally murdered. In his last letter to me written on June 7, he added a foot note: "I am writing this in a breeze of wind off Portland, Bill, so don't take it as a specimen."

It seems to me inexplicable that such a heroic figure and valuable life should not have received necessary protection, owing to the ineptitude of the home office. When in Liverpool a friend said to me, "Why your precautions, there is no danger in Liverpool." I replied that I did not think there was except to the man who might be foolish enough to make an attempt on his life.

The foregoing illustrative cases must suffice for the present. I shall now give a few cases to show the pitfalls into which it is easy to stumble.

At the end of May I invited a distinguished die-hard to meet Sir Henry Wilson at dinner. I told him that his handwriting was not satisfactory and did not exhibit his strong characteristics in their proper light. I asked him to write me another letter. It turned out that the letter which I had examined was a dictated letter written and signed by his secretary. So strongly did he impress his personality in his dictation that the letter gave the male reaction (although the secretary was a female), and some of his national reactions. I told him that his secretary must be a mere automaton, and he agreed with me that that was her proper description. A letter for analysis should be both written and composed by its author. The mere mechanical work of copying out the page of a book won't do.

I accused a lady of trying to palm off her daughter's hand-

writing as her own, as it did not give the tubercular reaction from which she was suffering. She denied the soft impeachment and said that it was really the daughter's handwriting which she wished me to analyze, and that the letter was written and signed by her daughter. Of course, I at once accepted her explanation, but she acknowleged that the letter had been dictated by herself, which no doubt accounted for some of the discrepancies which I had discovered.

I have been told that it is very easy to tell the difference between male and female writing without any apparatus, but I think it is often extremely difficult if you wish to get beyond the region of guesswork. In addition to the ordinary distinctive males and females, we have asexuals, homosexuals, bisexuals, and old women of both sexes.

Regarding racial differences, the matter is comparatively easy so far as the sixteen races or nationalities which Abrams has worked out, the differences between English, Scottish, Welsh, and North of Ireland have got to be determined. The Irish Celt or Iberian is quite distinctive and may be found in all parts of Ireland. It is wonderful how the English and Scottish types in the North of Ireland have been preserved in many families for several centuries. In other cases you get a mixture of English, Scottish, Irish, the French Huguenot, and occasionally Welsh. Sir Henry Wilson told us a good story of an American who boasted that English, Scottish, Welsh, French, Italian, and Spanish blood ran in his veins; an Irishman, who heard him, said: Sir, your mother must have been a great traveler.

Recently I had an opportunity of examining a typical Manx woman who gave the English reactions on both sides, I told her that she was much more like her mother than her father. Her mother, who was present, said I was correct, but wished to know how I found it out. I asked her to listen while I percussed two areas, and tell me which gave the duller note or greater thud; she at once pointed out the female area.

In my experience for easy analysis the writing should be in black ink, written with a broad-pointed pen on white paper, and should not be defaced with blotting paper. It should truly represent the character and mental attitude of the writer, and not be a mere mechanical effort.

The analysis of handwriting follows on the same lines as Abrams' examination of the blood, or a patient—either directly or through a subject. The handwriting of a patient suffering from cancer gives, like the blood, the general cancer reactions, but when you come to details such as localization, the writing is

apt to fail. It has, however, the great advantage over the blood in the permanency of the records.

Abrams' explanation is: "In writing the energy passes from the finger tips to the paper and is there fixed like a mordant with the pencil's graphite, or the pen's ink. In other words, the personality of the individual is transferred to the paper no less certainly than if he were to transfer himself from one place to another. Man is only a compound of his infinitesimal vibrations, and a single vibration is an exact replica of his vibrations taken as a whole."

Abrams' electronic reactions are largely based on his discovery that radio-activity is a universal property of matter, and not confined to the dozen or so elements to which physicists limit it. Abrams uses a much more delicate detector—the human body—than the electroscope employed by physicists. It is only by a process of radio-activity that we can explain the emanations from the blood and handwriting. These electrons or combinations of electrons are of high potential and variable wave-lengths, as they can pass through clothing or even shoe-leather, leap over gaps and overcome variable ohmic resistance. There is also a difference in polarity, as can be easily demonstrated.

I have seen some experiments on the electricity of a candle carried out at the Pilkington Hospital by Dr. John G. Kerr, LL.D.

He established an electric field between two condensers placed about six or eight feet apart, one condenser charged with positive and the other with negative electricity. A lighted candle was placed in the center, and midway between the candle and each condenser a large wax disc. Of the electrons given off by the candle the positive traveled towards the negative plate, and the negative towards the positive plate, but in their passage they were caught on the respective wax discs. After a little, you could prove the presence and polarity of these electrons by carrying a wax disc to an electroscope.

In the same way, the furnace of the human body is constantly giving off electrons which can be easily demonstrated, and also the polarity by bringing the finger tips close to a charged pith-ball. Abrams has shown that the polarity varies with the sexes; the right side is positive and the left negative in the male, and the reverse in the female; the polarity is reversed in homosexuals.

When working out Abrams auto-electronic reactions, I accidentally discovered that the electrons were issuing from all parts of the body. I used to be very careful to place the receiving electrode over the seat of disease, and in cases of general infection over the spleen after that organ had been enlarged by concussing the spines of the seventh cervical and second dorsal verte-

brae. When an assistant was not at hand, I soon found that it was usually sufficient to place the receiving electrode on one of the grounded plates on which the patient stood; in the case of a male on the left foot plate and in that of a female on the right foot plate. On several occasions I was getting the reactions, but as they were coming through feebly I looked to see what was the matter and found the electrode still lying on the dynamizer facing the patient—in these cases the electrons had to cross a gap of eighteen inches.

Professor Whittaker* on the quantum mechanism in the atom has shown that when there is a collision between an atom and an electron the amount of kinetic energy of the electron which is absorbed by the atom is emitted as radiation, but when the kinetic energy of the electron is not sufficient to stimulate the atom to emit radiation it is merely repelled from the atom without any loss of energy. "There are two kinds of force which are capable of acting on an electron—electric force and magnetic force. . . . Motion through a field of electric force affects the kinetic energy of the electron, while motion through a field of magnetic force deflects its direction of motion without altering its energy."

He concluded a lengthy argument "that **the electron as it approaches the atom, induces within the atom a magnetic current, i. e., the magnetic analogy of an electric current**; or at any rate induces something which behaves like a magnetic current."

All Abrams' electronic observations are carried out in a magnetic field. The patient or the subject stand on two separately grounded metallic plates, and faces due west. The necessity for this position can be easily demonstrated by anyone when percussing out the area of the heart. In this position it is very easy to map out the deep area, as you get a greater area of dullness than when the patient faces any other point of the compass. When you have mapped out the deep area, turn the patient to the magnetic north and the dull area materially diminishes; then short-circuit the patient by bringing the patient's two feet close together, which further reduces the dull area, and when in addition he brings the finger tips of both hands together the dull area almost disappears.

It is not really the heart's area which disappears, but the percussion note which alters. For the determination of polarity I often use a large single metal plate of a superficies of four square feet, on which I can turn the patient to any point of the compass. You should use finger—finger percussion, and it is a

* Proceedings of the Royal Society of Edinburgh, Vol. XLII, Part II, pp. 129-256.

great advantage to have the end of the pleximetric finger encircled with a band of insulating tape, which prevents the diffusion of the percussion note, and renders resonance or dullness more definite.

For the practice of Abrams' methods in my opinion, an acute sense of hearing and a delicate sense of touch are essential. Moreover, the man who only sees with his eyes, hears with his ears, and feels with his fingers, and not with his understanding is a poor mortal who may go through life without enjoying the beauties and harmonies of Nature. Good sight is an advantage, but is not essential, which is important when at least a third of the population have defective vision in more senses than one.

For the examination of the blood or handwriting, you must have a subject or medium—male or female. Abrams won't use a red-haired subject on account of the polarity of such being easily reversed. A young, thin subject with good reflexes, including the vaso-motor system, is best. A myxoedematous individual is useless.

Too many and prolonged examinations exhaust the reflexes, and on such occasions the subject should be changed.

Abrams' Diagnostic Instruments

1. **The Dynamizer** is a small box with aluminum fittings, grounded at both ends by two wires connected with gas or water-pipes. In this box is placed the specimen of depolarized blood or handwriting to be examined. It is connected with the rheostat and is supposed to intensify the radiations in their passage. Just as the voice can be heard along a copper wire, but for long-distance speaking a battery must be placed in the circuit, so the magnetic influence of the earth seems to intensify these vibrations.

The blood and handwriting must be depolarized by a horseshoe magnet before being placed in the dynamizer, and the dynamizer should be depolarized after every time it is used.

I frequently put the specimen of blood or handwriting in a black envelope which is laid on a separately grounded plate, covered with a large electrode, and this is connected with both poles of the dynamizer by a bifurcated insulated wire. This eliminates the personal equation, as you do not know what you are examining, but it is a more severe test, as the radiations have to pass through the envelope and overcome the additional resistance of seven feet of wire.

The Rheostat or Ohm-meter is a specially graduated resistance coil, the first ohm is divided into twenty-five divisions, then ten single ohms, and finally five graduations of ten ohms each,

so you can have a total resistance of sixty-one ohms. Abrams uses higher resistances in some paternity cases, and this can be easily attained by an additional ohm-meter.

Rheostatic Dynamizer is an apparatus for intensifying the splanchno-vascular pulmo-diagnostic, and entero-diagnostic reactions.

I don't use this instrument for the simple reason that it is a new invention and I have not yet got one. However, I have not yet felt the want of it.

He has also a **measuring rheostat** for determining potentiality; this is also a very recent invention, only appearing last June. I have no doubt it will be very valuable in localization of disease and in prognosis.

Electrodes—These are of various sizes. The receiving electrode for conveying the energy to the rheostat is usually large, but in localization it must be small; the distal electrode which conveys the energy to the subject at the splanchno-vascular, pulmo-diagnostic, and entero-diagnostic sites does not exceed one inch and a quarter in diameter. It should be held very close to but not touching the skin; hence, I have a small India-rubber ring of a quarter of an inch thick glued on the center of it.

Compass, Magnets, Pith-balls, Glass and Vulcanite Rods, Metallic Plates, etc.—One can determine the points of the compass by percussing out the deep area of the heart, but a good deal of time and trouble is saved by the possession of a reliable compass; as in Abrams' observations, the subject or patient, or both, should face true west. In this country, at present the magnetic meridian runs sixteen degrees west of north, and this is easily corrected with the compass.

I have spoken of the use of the horseshoe magnet, but for determining polarity you should also possess a six-inch bar magnet.

Every disease has not only its own vibrating rate, but also its polarity; e. g., in a case of cancer you get certain dull areas up to the potentiality of the disease, and at its particular vibratory rate when the patient is grounded and facing due west, but if you get an assistant to hold the south pole of a bar magnet about four inches from the dull area, or turn the patient south, the dullness disappears, thus proving that the polarity of cancer is positive.

The Pith-ball when charged with static electricity can be used for determining polarity, mapping out the areas of organs, the dull areas in diseases, and certain cerebral centers, but it must be recollected that even touching a hair is sufficient to discharge

it, and at the best the movements are slight, so it is not a good agent for demonstrative purposes.

Glass, Vulcanite, and Sealing-wax Rods when electrically charged and passed over the dull areas in diseases have a certain amount of stickiness which is easily detected both by the manipulator and the medium. Personally, I prefer to trust my hearing in mapping out these areas, but the charged rod is a valuable corroborative agent. If the medium or patient be a hairy subject, it is well to have the skin shaved first.

Plates—The grounded plates on which the patient stands facing west may be made of any metal. Abrams formerly used aluminum; he now prefers iron.

Conducting Material—Abrams makes his subject stand in slippers which have metal rivets through the soles, but this is really not necessary; he or she can stand in ordinary leather boots, provided that there be no insulating rubber on the soles. Electrons fly through most materials without any loss of energy. Abrams uses standard electric insulated wires of seven feet. These wires should be occasionally tested by placing them in an electric light circuit.

The Percussophone gives a musical tone to the percussion note, and this assists in the differentiation of little differences in sound. I have got it, but seldom or never find its use necessary.

Sex—In the analysis of blood or handwriting the first question to be settled is the sex, and often this is not quite so easy as it might seem. There are four sex areas—two in the supraspinous areas, and two in the abdomen, one on either side rather within the nipple lines and about the level of the anterior superior iliac spines. The left side represents the male and the right the female. The vibratory rates or resistance on the rheostat forces are 9 and 49 ohms. If there be any fear that the sex reaction may be reversed, try 13 ohms. In bisexuals you get dullness in both sides, but you can measure the sex predominance.

Race—The sex areas are used for determining race, but of course at different vibrating rates. Abrams has differentiated sixteen races. These or any combination thereof are easily enough determined, but there are many races yet to be defined, and many differences between closely allied nationalities to be determined.

There does not seem to be any such thing as an American race, but merely a conglomeration of all the nationalities of Europe with the jaw of the American Squaw. They have not assimilated, nor do they intend to, the yellow and black races.

Disease—The diagnosis of disease from a specimen of blood,

or handwriting is often a laborious process unless it be one of the common diseases, or you have got some clinical history to put you on the right scent. I cannot go over all the ills to which flesh is heir, so I shall just take cancer as an example. In the pulmo-diagnostic reaction you get a dull oval area in the left inter-scapular area and involving the inner margin of the scapular below the spine, about three inches long by two inches wide. In the splanchno-vascular reaction you get a dull area at the level of the umbilicus about five inches transversely and two deep. In the entero-diagnostic reaction you get a dull area of about four square inches, with the navel as the center. These dull areas are found from zero up to the potentiality of the diseases, and at the specific vibratory rates of 30 and 50. When the potentiality exceeds 18 ohms it is inoperable. When you get a reaction at 56, metastases have taken, or are taking place. There are other different rates for localization into which we need not here enter.

If this paper excites more than the curiosity of your readers, I would strongly recommend those interested in the truth, and in the advancement of scientific medicine to spend a lengthy holiday with Albert Abrams in San Francisco. Dr. Mather Thomson is quite competent to teach Abrams' methods, but whether he could be induced to open a clinic in London or not I cannot say. Personally, I have ceased teaching medicine for some years, and I have not the most remote intention of resuming that wearisome task.

I have watched the gradual evolution of Abrams' work during the last twenty years. It was through me that he attended the meeting of the British Medical Association in Liverpool in 1912, and the following year he dedicated one of his books to me. Thus, much mutual respect and esteem have grown up between us, and to this extent I may be considered—in legal phraseology—a prejudiced witness, but I don't think that I am. There are many points on which we do not see eye to eye, and on which we have agreed to differ.

I have tried to induce him, but so far without avail, to pay another visit to this country this autumn. I promised him a good reception, notwithstanding the journals of the American and British Medical Associations, from those who are not bound in the shackels of tradition, and who still hold to the shibboleth, magna est veritas, et prevalebit.

Man may be, and no doubt is a mighty mass of electrons and of vibrations of varied potentialities and wave-lengths, but after all there is something behind and beyond all this, the vital spark, the spirit of the man, something which, as Bergson says, enters

and controls matter, but when the dissolution of the inert matter takes place what becomes of the controlling agency, whence do we come, and whither do we go? Man may leave his personality so indelibly stamped on paper and on canvas that centuries may not be able to wipe out those imprints, but it takes something more than a combination of electrons to diagnose what manner of man he was.

Liverpool, August, 1922.

[The following is an introduction written by Oliver Wendell Holmes to a proposed book by Edward Bok, descriptive of his autograph collection. The book was never written and introduction never used. Extracted from "The Americanization of Edward Bok, page 207.

"An autograph of a distinguished personage means more to an imaginative person than a prosaic looker-on dreams of. Along these lines ran the consciousness and the guiding will of Napoleon or Washington, of Milton or Goethe. His breath warmed the sheet of paper which you have before you. The microscope will show you the trail of flattened particles left by the tesselated epidermis of his hand as it swept along the manuscript. Nay, if we had but the right developing fluid to flow over it, the surface of the sheet would offer you his photograph as the light pictured it at the instant of writing."—Editor.]

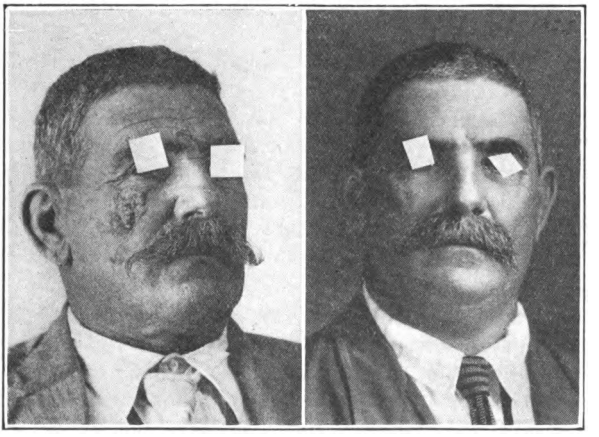

Fig. 2—Photographs of cancer on the cheek treated by the oscilloclast. The patient had submitted to two operations, but the tumor recurred after each operation. No. 1 was taken before and No. 2 100 days after treatment was discontinued.

[These pictures were furnished by Dr. F. Vazquez Gomez, San Antonio, Texas. Dr. Gomez was formerly Professor of Surgical Pathology, University of Mexico; President National Academy of Medicine; Minister of Public Instruction, and for many years private physician to Diaz, former President of Mexico.]

CREATION

"Query"

Softly the moonlight shines, its silver light reflected
From the Pacific's silent broad expanse.
Softly the starlight falls onto the mother's bosom
Nor causing a single ripple to rise on her silent breast.

I see the beauty of silver
Reflected in green ocean water
Bending the ray of light with every swell of the waves,
A myriad of glistening facets
Dance in enchanting confusion,
Displaying a mirrored surface to my admiring eye.

God, art Thou maker of oceans?
God, art Thou maker of moons?
And is the silvered surface
The mirror employed by the stars?
And are the shimmering waters
Here on the swell of the waves
A creative response to your love, God,
Creating a force that creates?

I see that the moon has a cross, God,
Has he sorrows to bear like a man?
And the myriad of glistening lights, God,
Are they tears that are caused by his pain?
Solve me the riddle of play, God,
Twixt the moon and the stars and the sea.
I would know how it all came about, God,
For it truly bewilders me.

"Answer"

Softly the answer cometh
Out of the silent night
As I strive to attune my being
To the silvery, shimmering light.
There is not a drop of the water
In the wide expanse of the sea,
Nor a single ray of the moonlight
But owes its being to me.
For I am the law of Creation

And have been from beginning of time,
And the things that I made
Are the things that made me
The force you consider sublime.

The forgotten past of the story
May sound rather startling to man,
And may not meet your conception
As to just how the task was done,
So just be prepared to follow
The things that I now shall reveal.
For the things that you knew
Are lamentably few,
And the things I shall tell you are real.

Conceive me a nebulous nothing
At rest in subliminal peace
Until pressure without on the nothing within
Awakened a conscious ease.
Conceive me reacting to pressure
With force from within on without,
So that a rhythmic vibration
Is born in the nebulous cloud.

For eons of years it continues,
This pulsating conscious ease.
No self appears through eons of years,
Just wave-lengths of different degrees.

Thus came the nebulous nothing
To be changed to a tenuous I
To store up force in my innermost source
And acquire an ego, thereby,
And when after eons of motion
There followed the eons of rest
And I wakened again in my labor pain
I was nursing the I at my breast.

—Herman E. S. Chayes, 1922.

[Dr. Chayes is one of the world's foremost dentists. He is one of the active participants in the contemplated New York College of Electronic Medicine.]

CAN DISEASE BE CURED BY VIBRATIONS?

By Annie Riley Hale, in Physical Culture, November, 1922

(From Who's Who in America, 1922.)

"Albert Abrams, physician, B. at San Francisco, Dec. 8, 1863; s. Marcus and Rachel (Leavy) Abrams; M. D. Univ. Heidelberg, 1882; A. M. Portland Univ. LL.D. 1892; post-graduate courses in London, Berlin, Paris, and Vienna; m. Jeanne Roth of San Francisco, Nov. 25, 1897; 2nd Blanche Schwabacher, Sept. 28, 1915; Prof. Pathology Cooper Med. Coll. 1893-98; president of Emanuel Polyclinic since 1904; Fellow of the Royal Microscopic Soc.; president of San Francisco Medico-Chirurgical Soc. in 1893; vice-pres. Calif. State Med. Soc., in 1889. Author Synopsis of Morbid Renal Secretions, 1892; Manual of Clinical Diagnosis, 1894; Consumption—its Causes and Prevention, 1895; Transactions of the Antiseptic Club, 1896; Scattered Leaves of a Physician's Diary, 1900; Diseases of the Heart; Nervous Break-Down, 1901; The Blues, 1904; Diseases of the Lungs, 1905; Self-Poisoning, Diagnostic Therapeutics, 1909; Spinal Therapeutics, 1909; New Concepts in Diagnosis and Treatment-Spondylotherapy, 1910. Founder of Spondylotherapy, and Honorary Pres. of the Amer. Assn. for the Study of Spondylotherapy; President of the Amer. Assn. for the Study of Psycho-Physical Research; discoverer of Abrams' Reflexes, and the Electronic Reactions of Abrams—E R A. Clubs: Authors' (London), and Argonaut, San Francisco. Address: 2151 Sacramento Street, San Francisco."

To a casual reader of this biographic sketch, Dr. Albert Abrams of San Francisco would appear a medical personage of rather unusual attainments, with all the outward insignia of a practitioner of the straightest "regular" pattern. But the casual reader who chanced on a copy of the journal of the American Medical Association for March 25, 1922, and struggled through the two pages of cheap satire in which that journal purported to give its readers some account of Abrams and his new E R A (Electronic Reactions of Abrams), might well have been pardoned for adjudging him not only the "prince of quacks" and charlatans, but the arch-enemy of the medical profession. For, by way of lending a peculiar flavor of malevolence and studied insult to the A. M. A.'s review of Dr. Abrams and his work, it is carried in that portion of the Journal regularly devoted to the exposure of "quacks" and pretenders of all sorts, which is known as its "Propaganda for Reform."

Under this caption we find the following explanatory note: "In this department appear reports of the Journal's Bureau of Investigation, of the Council on Pharmacy and Chemistry, and of the Association Laboratory, together with other general material of an informative nature." A cursory explanation of a number of issues shows this "department" occupying from one to two pages of the Journal, and ordinarily covering several "exposures" of hapless offenders against medical ethical law. A

closer perusal of these cases shows their offenses falling under three principal heads: (1) Dispensing drugs under some other name than that bestowed upon them by the Association's "Council on Pharmacy and Chemistry"—mayhap infringing the copyright of the "Association's Laboratory"; (2) advertising these misnamed concoctions through other channels of publicity than the "regular" medical journals; (3, and most damnable of all), selling these "quack" remedies directly to the laity, instead of through the laity's middlemen—the doctors and pharmacists.

In order to properly appreciate the fine ethical distinction between drug-mongers of the regular and the irregular type, one needs only one glance through the classified ads of any "reputable" medical journal—the journal of the American Medical Association, for example. Here one finds alluringly displayed every deadly and worthless nostrum, from the destructive neosalvarsan, antitoxins, and radium salts, to the worse-than-useless scalp tonics, hay-fever specifics, and mechanical appliances of alleged therapeutic value. And this isn't a tithe of the story. The United States Department of Commerce reports $400,000,000 worth of drug products manufactured in this country in 1921; and this in the face of the fact that the more enlightened and successful practitioners—even of the "regular" school—have repudiated the use of drugs entirely.

Dr. William Osler, accounted the greatest medical authority of his time in the English-speaking countries, on page 57 of his latest work on "Modern Medicine," says: "The new school does not feel under obligation to give any medicines whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific.

"Of course, there are still many cases where the patient, or the patient's friends must be humored by administering medicine, or alleged medicine, where it is not needed, except where the buoyancy of mind, the real curative agent, can only be created by making him wait hopefully for the expected action of the medicine, and some physicians still cannot unlearn their old training.

"But the change is great. The modern treatment of disease relies very greatly on the old 'natural methods'—on diet, exercise, bathing and massage; in giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory system or the circulation in the tissues. . . . There was but one conclusion to draw—that most drugs had no effect whatever on the diseases for which they were administered."

We are constrained to think, however, that the "new school"

of medical practitioners—of which Dr. Osler is a leading figure—constitutes only a saving remnant of the "regulars," since few of those know or care anything about a chemically balanced diet; while the huge consumption of drugs still going on in the United States can hardly be charged for the most part to "quack" prescriptionists, especially as the worst "quacks" in the allopathic view are the drugless men—osteopaths, chiropractors, and naturopaths.

Additional light is shed on this subject by a writer in the current September number of Hearst's International Magazine, Dr. Paul H. De Kruif, who in the first of a series of articles on "Doctors and Drug-mongers," tells us—among other things—that drug remedies have grown in the past thirty years from twenty-six hundred to forty-five hundred. "If only a small number of this great array of balsams really cured disease," says Dr. De Kruif, the case wouldn't be so bad; but he affirms that "not more than fifty drugs can relieve pain and soften symptoms, while the definitely curative ones are not more than a dozen," and leaves us wondering about the "definitely curative dozen" when he appends the sorrowful admission: "Despite the great advances that have been made in knowledge of the cause and prevention of various diseases, the actual cure of most of them remains a mystery."

We do not know De Kruif's other claims to distinction and credibility, but by this token we are apprised that he is a loyal "regular," acutely jealous of the dignity and honor of the profession"; since there is no more infallible sign of regularity than to speak of "the great advances in knowledge of the cause and prevention of disease" which have been attained by modern "medical science." It always sets us impertinent laymen to wondering what the medical profession do with their vast fund of "scientific" knowledge if they can't cure disease with it. So far as we can observe, they seem to use it chiefly in sorting out and naming the various ills that flesh is heir to, as the ponderous array of medical nomenclature certainly argues knowledge of some sort out of the ordinary great familiarity with dead languages, at least.

But if the value of this assorting and naming—commonly known as "diagnosis"—is to be gauged by its accuracy, then the healing art by "regular" methods still seems to fall outside the category of applied sciences, since upon the testimony of expert clinicians, not much over half of medical diagnoses are correct.

A statement of this sort was given out before the assembled A. M. A. (in St. Louis, as I recall) not so long ago, by Richard C. Cabot, Professor of Medicine in Harvard Medical School and

chief of staff at the Massachusetts General Hospital, who said it was based on findings in post-mortem examinations at that hospital. Still we may reflect, the 49 per cent of dead ones, whose ailments had not been correctly labeled—according to Dr. Cabot—were no worse off than the 51 per cent, whose autopsies confirmed the doctors' guesses; and the same is doubtless true of those patients who escaped the mortuary findings, who emerged by the front instead of the rear exit of the hospital. Nature restored as many of them as she could, in spite of the doctors, and regardless of their diagnoses.

But let us return for a brief space to Dr. Paul De Kruif and his "drug-mongers." He gives further proof of his "regularity" by laying the gravamen of responsibility for the abuse of which he complains to the competitive greed of drug manufacturers. These, he charges, have multiplied drug concoctions and extended pharmacopoeias ad infinitum by endowing one staple drug with "a glittering array of aliases, differing only in the fancy names, and in the price, which is almost always much higher than the staple drug." He illustrates with what he is pleased to call "the meritorious laxative" save those found in fruits, vegetables, and whole grains; but even the more enlightened and progressive allopaths hesitate these days to prescribe cathartic medicines, knowing their paralyzing and harmful effects. This seems to brand the author of "Doctors and Drug-mongers" as not only very "regular," but "100 per cent conservative." He describes "ichthyol," however, as a worthless, malodorous unguent, derived from the fossil remains of fish, and first used by Tyrolean peasants, who thought it must have curative power because of its foul smell. Finally, he says, "it made its way from a folk-lore status to the dignity of official use," and after "ichthyol works" sprang up in Germany and elsewhere, "the medical journals were filled with solemn treatises extolling its virtues, and recommending it for everything from mumps, measles and eczema, to tuberculosis and typhoid fever."

Dr. De Kruif deplores the fact that in this matter of drug imposition, "doctors in general are just as gullible as laymen"; and he excuses the druggist for enacting "the passive role of distributors, and giving doctors and the public what they want," by saying, "if they took up the banners of reform, they would go on the rocks financially." He doesn't tell us what would happen to the doctors if they gave up their "gullibility," but he issues a rallying call to them in conclusion in language charged with burning devotion to the cause: "The medical profession just now," says Dr. De Kruif, "is under fire from a pack of quacks and rogues. It knows that its use to the nation is great, and that

the Camorra of chiropractors, faith-healers, and quackish rascals, are parasites on our citizens. But its battle against cults and 'isms' and quackery could be waged more strongly were the profession to clean its own house."

It is comforting, of course, to be assured that the medical profession "knows its great use to the nation," but like so much of its profound knowledge, it hasn't much practical significance for us; we don't seem to be able somehow to translate any of it into actual benefits. If with all its accumulation of scientific knowledge—inherited and acquired—the medical profession is still unable to prevent, cure, or even correctly name disease, according to its own expert witnesses; and since—as now appears upon the same testimony—it cannot protect us from being poisoned and swindled by conscienceless drug-mongers, because of some inherent "gullibility," against which we had always supposed superior knowledge provided a special safeguard; then, argues this stupid lay intelligence, we can't figure out the particular helpful role which the medical profession plays in the community.

"Ah, but," say its defenders and champions, "it protects us against the quacks, and those mischievous, predatory cults, which lurk at every corner to pounce upon the unwary, unsuspecting layman." To be sure! The medical fraternity protects us from the quacks. How stupid of us to forget that great benefit! If you doubt this, you have only to scan the pages of its "official organ," the journal of the A. M. A., to see how mercilessly the medical sleuths hunt down and ferret out their feeble imitators and humble competitors, the patent-medicine men, and hold them up to scorn in the columns of the "Propaganda for Reform."

But all these petty offenders, together with the manipulative, physical, and psychic "cults," sink into insignificance when a capital offender like Dr. Abrams of San Francisco looms into view. Extra space and inquisitorial finesse are devoted to the exposition of his crimes; and in the March, April, and June issues of the "Journal," the Reform Propagandists—with the vindictiveness of the Thin Woman toward her husband in Stephens' "Crock of Gold"—have done their utmost to "hold him up to the blushes of eternity." The excuse put forward in the preamble for publishing all this "informative material" about Dr. Abrams and his new discovery, is that the Propaganda for Reform Department had received many letters of inquiry from physicians, begging for more light on the subject. Some of these letters are quoted, and for the benefit of the lay public who may not read the "Journal," yet who may be interested to note the attitude and tone of members of the A. M. A. toward a respected confrere—

who is threatening their "food preserves"—I will reproduce a few of them here:

An Ohio doctor writes, "Please give me some information concerning Dr. Abrams and his diagnostic and therapeutic devices known as reflexaphone and oscilloclast. If this is published, please withhold my name." (This sounds like typical M. D. courage.)

From Massachusetts a "worried" M. D. asks: "Can you give me any information concerning Dr. (?) San Francisco, Cal., who reports himself able to diagnose syphilis from a drop of blood sent him on blotting paper? He has caused a patient of mine a great deal of needless worry." (And no doubt caused the doctor more worry than the patient.)

This from a R. I. physician, is what the editor of the Propaganda for Reform Department calls a "facetious" communication: "I am interested to know of the 'Reactions of Abrams.' Have you any information regarding this matter? They apparently do wonderful things in the West." This may be perfectly good facetiae from the medical viewpoint, but to us it carries a flavor of sectional Eastern jealousy.)

We sense a jealous note also in this from a New York M. D.: "Today I had occasion to see a patient who said he had had an Abrams test for gonorrheal infection, and expressed a wish for the Abrams treatment. Could you enlighten me as to what this is? I thought I'd kept myself up to date as to all new tests and treatments in my line, but evidently I have been delinquent." (Very likely.)

Replying to all these medical seekers after Abrams' truth, the Reform Propagandists of the A. M. A. list after Dr. Abrams' name his various degrees—A. M., M. D., LL.D., F. R. M. S.; and the high points in his work—"Spondylotherapy," "Electronic Reactions," the "Oscilloclast," and the "Electro-bioscope"; the last-named apparently for purposes of derision. They then note that "He is a member of his local medical society, and through that holds fellowship in the A. M. A."—politely ignoring all his other titles and honorary positions. (New York papers last spring carried a news dispatch to the effect that Abrams has resigned from the A. M. A., following its attack upon him.) The Reformers relate that "Dr. Abrams has written voluminously," and concede him the very doubtful honor, in their view, of being the originator of Spondylotherapy (Gr. Spondylos, vertebra, and therapeia, treatment), quoting in connection therewith the extract from their review of his book on the subject published in 1910: "One wonders whether this is an attempt to explain Osteopathy and Chiropractic to the understanding of the regular practitioner; or

to exploit the very ingenious devices of the author; or whether it is really true that medical men know practically nothing about the cure of disease through treatment of the spine. Let us hope that it is the latter, and that a careful study of his unique volume may open new avenues of therapy heretofore undreamed of."

It is quite evident that the concluding lines of this "review" were meant to be deeply sarcastic; and the Abrams publisher may be pardoned, we think, for turning it against the reviewers by isolating the latter part and running it as "a straight ad" for the book; although the A. M. A. critics complain bitterly of the bad faith in the "garbled quotation." And they "wondered if the book were an attempt to explain Osteopathy and Chiropractic to the regular practitioner." But for the fact that the medical profession spends most of its time "wondering" and deliberating—while their patients languish and die—we might wonder why the A. M. A. reviewers of Abrams' work on Spondylotherapy should seek to make a mystery of what the author himself makes a frank acknowledgment in the preface, namely, that the book was designed to furnish a scientific explanation of the good results obtained in Chiropractic and Osteopathic practice. And Abrams warns his medical colleagues: "Neither the fury of tongue nor the truculence of pen can gainsay the confidence which these systems of practice have inspired in the community. . . . Right or wrong in their theory, they are, in vulgar parlance, 'delivering the goods.' Spondylotherapy was a product of necessity—the translation of an ignored field of medicine from a chaotic, to a scientific basis."

This particular field of spinal therapeutics developed by Abrams which he called "spondylotherapy," is a system of visceral reflexes obtained by manipulation or percussion of the vertebrae, and rests on the principle that practically every organ of the body has governing centers in the spinal cord, and when these centers are stimulated by palpation, manipulation, or percussion, the organs can be made to contract or dilate. Abrams devoted many years of his life to painstaking experiments and study of these reflexes in clinical observation, using not only his hands, but certain mechanical devices in his experiments. He further describes "this phase of medicine, as clinical physiology," making the human, instead of the animal physiology the basis of his calculations; and he declares "the excitation of the functional centers of the spinal cord by different methods, may be executed and demonstrated with the same certainty in the living subject, as is done by the vivisectional experimentalist"—and this at least, we think, should claim the attention of the anti-vivisectionists.

Before the "Abrams' Reflexes," as they were called, became

associated in the medical mind with the despised systems of Osteopathy and Chiropractic, many "regular" practitioners made use of them in their work to good effect; and it was his own finely trained and acute perception of these visceral nerve reflexes, which enabled Abrams to develop his latest method of diagnosis and treatment known as "E R A"—the "Electronic Reactions of Abrams," after other physical scientists—Professor Thomson and Sir William Bragg (England), Professor Millikan (University of Chicago), and others, had demonstrated that the ultimate particle of matter is not the atom, but the electron, many million times smaller than the atom.

Since it is with great difficulty that the non-scientific mind is able to follow the activities of the atom, we shall not attempt to keep very close tab in its infinitesimal component parts—the electrons, as they whirl in perpetual motion inside the atoms, giving off radio-activity in their whirlings, according to the latest scientific advices. We are content to accept the scientific findings insofar as they may be vindicated by practical results of proven benefit to the human race.

This earnest and energetic investigator, Dr. Albert Abrams of San Francisco claims to have discovered a method for catching and measuring the radio-activity of electrons in a way to determine the different "vibration rates" of disease germs and tissues; and with the aid of certain electrical appliances, notably the rheostat, a contrivance of his own devising for registering the vibrations, an electrode, and a human "subject," to be able to diagnose the disease from a few drops of the patient's blood on a piece of blotting paper, which is enclosed in a small box electrically connected with the rheostat, which is in turn connected with the body of the "subject" by means of the electrode. By means of another electrical device, called the "oscilloclast," Abrams claims to generate the same vibration rate as that yielded by the disease to be treated, and by turning it against the disease rate to destroy it—much on the old homeopathic principle of administering drugs—"similia similibus curantur."

As to the accuracy of the diagnosis based on Electronic Reactions, of which there have been about fifteen thousand to date, there seems to be a number of credible witnesses—both lay and professional—all of whom testify to their being 100 per cent accurate. (This in itself is sufficient to arouse the professional wrath of the diagnosticians whose findings register only 50 per cent accurate, and the acrimony of the "Reform Propagandists" is readily understandable.) The effectiveness of the "oscilloclast" in matching and destroying the disease "vibrations," also appears to have scored some triumphs in a number of reported "cures" in

cases treated by it. But as this is true of every therapy ever yet heralded to the world, we refuse to be stampeded into premature enthusiasm as to its curative value.

From all that we can learn about him from disinterested sources, including a study of his own writings, we believe Dr. Abrams endowed with the true spirit of scientific inquiry, which has in it—in its beginnings at least—much of the wholesome curiosity of the child; and we note something of the navietè of the child in Abrams' thinking his medical colleagues might like to have a scientific explanation of Chiropractic and Osteopathy. The scientific spirit, however, is not necessarily the humanitarian spirit, nor the compassionate spirit—as witness the torture of helpless animals, not to mention human beings, by the "medical scientists." One of Abrams' eulogists describes him as an incarnation of Nietzsche's phrase about "the human soul which hungers for knowledge as the lion for his food"; but who of us would expect compassion from a hungry lion!

Neither is the true scientist more likely to be unselfish and disinterested than ordinary folk, who are not unselfish nor disinterested at all. It need not surprise nor shock any one, therefore, to hear that Dr. Abrams charges good round sums for the clinical courses in his new therapy which he is giving to members of his profession, and for the electrical devices employed in the treatment; nor does that fact in anywise detract from the scientific value of his discoveries. The doctors who are paying for the coures and the instruments will, we may be sure, "get it all back" from their patients, who, if they are cured of their ailments, will not begrudge the outlay; and if it shall prove as futile for cure as other medical discoveries of the past, they will have the consolation of knowing they have been no worse cheated than usual.

Certain it is, that the number of doctors who will take the Abrams' courses and invest in "oscilloclasts," will be determined entirely by the popular response to the E R A theory; as any therapy which promises to provide a livelihood for any considerable number of doctors is sure to find a large and ready acceptance by "the profession." Witness the professional "gullibility" in regard to the efficacy of cheap and filthy vaccines, serums, and anti-toxins. Quite naturally, the A. M. A. critics of Abrams are highly scandalized by the report that he takes money for his instruction and instruments; and they announce with ghoulish glee that, "the Ohio concern advertising his course, and which seems to make a specialty of advertising campaigns for those members of the medical profession who have unusual or bizarre methods to exploit, called attention to the fact that no class (sic!)

were so busy as those employing mechanical treatment, such as osteopaths, chiropractors, and mechano-therapists."

Aha! Dr. Abrams caught red-handed affiliating with the manipulative cults, and to fasten the stigma more securely the Reform Propagandists quote the extract from his preface cited elsewhere in this article. But this, it appears, is the least of his sins. Note this, broadside, delivered with biting irony: "Dr. Abrams (while admitting the protective factor of vaccination against smallpox) has discovered that practically all the vaccines obtained from reliable firms yield the **reaction of congenital syphilis; and that many of them also yield the reaction of tuberculosis, of streptococci, etc. Further, that even from the scars of all vaccinated persons one can always elicit a reaction of congenital syphilis, and in early scars a tuberculous reaction.**"

(The words in black type are specially designed to catch the eye of parents of school children.)

Nor is this all of the Abrams' offenses. He has demonstrated that "drugs have a vibratory rate, which can be duplicated by the 'oscilloclast,' and this in turn substituted for the drug."

Another observer and writer of Dr. Abrams' work, says "his discoveries will render unnecessary nine-tenths of present surgical operations." And now the Abrams "cup of iniquity" seems to be full. A "regular" with such irregular tendencies, whose "unusual and bizarre methods" threaten to wipe out with one fell stroke, vaccination fees, surgical fees, and drug stores—which divide honors with delicatessen shops in keeping the doctors supplied with patients—cannot hope to escape the vengeful displeasure of the medical "dispossessed." Dr. Abrams is doomed, and not even the powerful endorsement and friendship of Sir James Barr (president of the British Medical Association) can save him from the combined A. M. A. wrath to come.

And now having shown our willingness to be fair to Dr. Abrams; and having also made it clear, I trust, that "we love him for the enemies he has made" in the A. M. A., we may be permitted to express a judicial opinion as to the value of his discoveries for the sick world which leans on doctors:

First, the diagnostic value of the E R A, which probably stands in the forefront of Abrams' achievements in the medical view, does not appeal so strongly to us nature-curists, who have never been so much concerned about naming, as about curing, disease; and who, believing that all disorders arising within the body have primarily the same cause, and should receive pretty much the same treatment, do not regard the diagnosis as of primary importance in the cure.

Second, the curative virtue of combating disease vibrations

with similar vibrations from the "oscilloclast," still hangs in the balance of unproven verities, for us. It may be true, but it sounds suspiciously like that old phagocyte battle of the germs; and the dread of some disturbing complication like the "opsonic index"—as for instance, if the vibrations shouldn't happen to match—gives us pause, and we "reserve judgment" on the oscilloclast. The most important Abrams finding, in our view, is the syphilitic and tuberculous nature of vaccine virus; and this despite the fact that one of his expositors and spokesmen warns the anti-vaccinationists not to rejoice too soon, as "Dr. Abrams still favors vaccination, only he would purify the virus by exposing it for ten minutes to a blue light to destroy the syphilitic and streptococci infection, and to a yellow light to destroy the tuberculous reaction."

Anti-vaccinationists, however, are very much more interested in the finding than in the finder in this case; since truth is sufficient "authority" for us, and it does not greatly surprise us that Dr. Abrams, being sixty years old and a medically trained man, cannot lightly shed some of his old traditions.

We are content, therefore, to know that the E R A has turned the white light of truth on the real character of this filthy vaccine virus, and we shall redouble our efforts to keep it out of the venous circulation of our fellow-creatures—especially young children.

And we wish that some hand might be found strong enough to turn the great white light of publicity on the sinister organization which has enacted compulsory vaccination laws, and is affixing to the outer walls of school buildings, at this season, that "no child will be admitted who cannot exhibit a certificate of vaccination."

[The foregoing unsolicited publication is a laic interpretation of the screed to which reference is made. Reference is also made to Dr. De Kruif. It has come to the writer's knowledge that he is to "explain" "Abrams' Methods" in an early issue of Hearst's International. How thorough his investigations were may be gleaned from the fact that he devoted just thirty minutes of his valuable time in conversation in the Abrams' Laboratory. He would not permit, despite urgent persuasion, any demonstrations by Abrams. In this sense he will be like the reviewer who never read a book before he reviewed it; otherwise, he might be prejudiced.

It is beyond belief that the Rockefeller Foundation, with which this individual is associated, should permit such perverted and prejudiced "investigations." There is always consolation in "Magna est veritas, et prevalebit."]

ELECTRONIC MEDICINE

Potentiality of Energy — Measurements by several physicians of the same specimen of blood do not always coincide. One reason for this is apparent. Ohmage is dependent on temperature and **increases** with the temperature. The resistance of carbon, on the contrary, decreases with the temperature. Reactions should always be executed at a room temperature of 62-65 degrees Fahrenheit.

A rheostat is only a resistance box, and **resistance** is the friction a current must overcome in passing through a conductor.

Paralysis Agitans—When one reads concerning the pathology and pathogenesis of this disease, one encounters a medley of affirmations and negations. So that, despite the work done, it continues to occupy one of the obscure chapters in medicine.

In practically every case examined by the E R A, one finds a reaction of sarcoma in either one or both parietal regions of the brain. In this sense, it is, as Osler supposed, a disease of the brain cortex.

If patients are seen early enough, the disease may be ameliorated or at least arrested by the use of the oscilloclast at rate 3 over the implicated areas.

When the sarcomatous reaction can no longer be elicited, attempt fibrinolysis at the scar tissue rate over the same areas.

Duodenal Tube—In Spondylotherapy, it has been shown that a tube can be introduced directly into the duodenum by concussion or pressure at the fifth dorsal spine. Dr. Frank C. Farmer, Pasadena, Cal., has taken advantage of this fact in the Lyon-Meltzer method. Instead of waiting for hours, the tube can be made to enter the duodenum within fifteen minutes by concussion of the spine in question.

Blindness and Deafness—Recent investigation shows that these conditions in the absence of other causes are due to syphilis. Heretofore, we have limited the treatment to the periphery. In practically all cases the centers of vision and hearing are implicated, thus necessitating the use of the oscilloclast over these centers.

Electrocardiograph—Tests made with this apparatus to determine its value in electronic diagnosis show its inutility.

Paracelsus—Those of my readers who are conversant with my conception of disease, viz., that many of them are only strains of **Syphilis,** and it is this soil that must be eliminated before we may expect to cure disease.

No Syphilis, No Disease—Germane to this conception is that

of Paracelsus, viz., "The physician who tries to cure disease without removing the cause is like the man who would drive the winter away by sweeping the snow from the door."

Oscilloclast Lessees—These have increased to such an extent that the publication of all the names would occupy too many pages; hence, the temporary suspension of the list of lessees.

Blood Examinations—From this date, December, 1922, blood examinations will be made for physicians who have taken the E R A course, by Dr. Abrams' associates. These reports will be signed by the Physico-Clinical Laboratory stamp, at the rate of $10 for examinations and $5 for re-examinations.

Examinations will continue to be made by Dr. Abrams personally, and his signature affixed, at the established rate of $25 for each examination, and $10 for each re-examination.

REVIEWS

Our Medicine Men (The Century Magazine)—The writer comments on the rapid growth of the barrack spirit in America, which is antithetical to the spirit of all creative endeavor. While esprit de corps is laudable in an armed citizenry and in the production of bathtubs and motor tractors, it is damnable in scientific dogma. The great men in science were free lances, innovators and smashers of the contemporary idols of ignorance.

They would have laughed at the idea of submitting their work to a research council or a director before whom to do obeisance. A genuine piece of scientific investigation is always a highly individualized affair.

The fruitful study of disease began with Pasteur. He was laughed at and bitterly opposed, for few of them consistently used his objective methods or shared his conviction of the physico-chemical nature of the mechanism of all living processes.

"Instead, the majority employed the morphological methods of the German pathologist, Virchow. This savant had insisted upon the importance of microscopic observation and description of changes occurring in the cells of diseased organisms; he cared little for the elucidation of the mechanism that gave rise to these changes. Such study as that of Virchow is immeasurably simpler than the experimental method of attack, especially when the latter is based upon the methods of physics and chemistry. So it was natural that descriptive science would appeal to medical men wishing to enter the field of investigation, but who were innocent of the precision of method necessary to the chemist or

physicist. It consequently became the mode to describe the appearance of things rather than to investigate their mechanism. This spirit spread rapidly from Europe to America, and by the early nineties of the last century Americans were vieing with Europeans in the discovery of new bacilli and in admirable and lengthy description of the appearance of diseased tissues. Scant attention seemed to be given to the fact that men like Pasteur cared little for descriptive science, but probed always into the mechanism of phenomena."

E R A Exactions and Iconography — Published by Jean du Plessis, M. D., President Chicago College of Electronic Medicine, Blanche and Jeanne R. Abrams Memorial Foundation. This is a most valuable addition to the Atlas of the E R A, and the illustrations are in colors, showing at a glance the topography of the strains in many diseases. Price, $5.

Cure of Imperfect Sight by Treatment Without Glasses. W. H. Bates, M. D., N. Y.—Occasionally, a physician permits himself to think. In this instance the thoughtful one is Bates.

According to the accepted theories, accommodation depends upon the lens and its control by the ciliary muscle. Bates seems to show conclusively that accommodation is dependent wholly upon the external eye muscles. Contrary to belief, the only true way of paralyzing accommodation is to inject atropine deep into the orbit so that the oblique muscles, concerned in accommodation, are reached.

[We have referred to the frequency of congenital syphilis involving the ocular muscles and the importance of giving general treatment for lues and the local ocular treatment by the oscilloclast. Several physicians have, by this treatment alone, succeeded in ridding patients of their glasses, whereas others by the same treatment enabled oculists to fit glasses which before they were unable to do.]

Has Diagnosis Been Outdistanced by Therapeutics. Burton W. Swayze, M. D., Allentown, Pa., Western Medical Times, August, 1922—"I have previously stated that in no one particular, except one, has there been a great advance made in our science of healing, and I made that single exception because it applies to a method of diagnosis that is coming rapidly to the attention of the profession—and that is the method of Electronic Diagnosis, fathered by Dr. Albert Abrams.

What the wireless, telephone, submarine, airplane, and other twentieth century accomplishments have been and mean to our economic life, so also is the method of Electronic Diagnosis

(Abrams) accomplishing in the medical and surgical professions and will mean benefits to the race at large.

Just as there were doubters who scoffed at Marconi, Bell, Lake, and the Wright brothers, so also are there men and women of our profession who scoff at Abrams. But who, today, now doubts the former, or who, ere long, will doubt the latter.

The test of all things is—Time. If any discovery survives the acid test of time and is able to come back with proofs of its value and merit as shown by results obtained, then that method or discovery has proved its worth and must be accepted. And this testing and proving is what the Abrams Electronic method is passing through, with honors and results being showered upon it daily. Literally, they who came to scoff and doubt, remain to praise.

Compared with the age-old methods of diagnosis the Abrams method is centuries ahead of its day, for by it we are able, scientifically and mathematically, to accomplish several things—things that are vital to every human who seeks relief at the hands of physicians, and to the physicians themselves who seek truth.

First, the Abrams Electronic method of diagnosis replaces guesswork by substituting absolute mathematical fact and accuracy. Second, we are able, by this method, to discover the very beginnings of disease, often before the patient is aware of any symptoms.

Third, we are able to measure the degree or prevalence or potentiality of the disease in the patient—a thing valuable to the physician who can, by later re-examination, gauge the progress of recovery. Fourth, we can localize, without a shadow of a doubt, and place our finger on the exact spot or organ involved in the disease process.

We mention but four of the points of precision in diagnosis, four which are so valuable that every alert and conscientious physician, for his own and his patient's safety, should at once acquaint himself with the Abrams method, for it will mean absolute and accurate diagnosis, which will again mean intelligent and accurate therapeutics, quicker restoration of health to patrons, lessened mortality and, to mention the least item, larger practice and financial gain to the practitioner.

With this single exception there has not been added to our diagnostic methods anything that can even approach it in accuracy and perfection to help us in our professional work and for the ultimate benefit to humanity, within a full century of time.

Without any doubt the Abrams Electronic system of diagnosis is destined to supersede all former and known methods, replacing

the present guesswork with fact and accuracy, and it behooves the progressive physician to learn the Abrams method, a method uncomplicated and simple, as it is scientific and accurate.

With the general use of the Electronic system of diagnosis—to say nothing of the Electronic method of treatment—there lies waiting the hand of the profession a method that is far superior to any other method, and as the years pass on and it becomes used more and more, diagnosis will resume its proper place ahead of therapeutics and lead the way, as it should, to better health of the human race and to professional success to the practitioner using it."

Proceedings Tenth Annual Convention, American Association for Medico-Physical Research, 1921—These proceedings form interesting reading. Not the conventional stuff suggestive of plagiary, but essayists bent on contributing something new to medical literature. If possible, send for a copy.

Observations at Abrams' Clinic. J. H. East, M. D., Denver, Colo.—This contribution is an extensive one. Success in treatment by the oscilloclast is instanced by the citation of many cases. A few are herewith presented: 1. Carcinoma, with three operations. Food rejected owing to pyloric stenosis. Cure recorded. 2. Eye (left) sarcoma. Improvement in vision enabling her to tell the time of day. 3. Carcinoma uteri. Patient had primarily to be carried into his office. In less than a week was able to walk. Is now well. 3. Deafness of syphilitic origin. Could not hear without shouting into the ear. Although, having spent much money, no relief. Hearing practically normal. 4. Offensive discharge from both ears, with deafness. No results from conventional treatment. Discharge arrested, and a watch tick can be heard at a considerable distance from the ear.

Electronic Theory in Diagnosis and Treatment. W. A. Hanor, M. D., Corning, N. Y., J. Allied M. A.'s, August, 1922—This is an excellent article dealing with the physics of the electron and contrasting the "cell" with the electron theory in disease. He cites many remarkable instances of cure.

The Main Cause of Disease as Established by the E R A and the Remedy. Samuel King, A. B., M. D., Warren, Pa.—In this paper states, "Every disturbance you created in the existing order of things means opposition and a fight."

The Electronic Reactions of Abrams is stirring medicine to its foundation. Text-books will have to be rewritten, and their authors are tumbling from their lofty positions. The specialists in all lines from the eye specialist and nerve specialist all the way down to the general practitioner, who has been left only

a small space around the "belly button" as his particular field, is being undermined; for the man who masters the Electronic Reactions of Abrams becomes a specialist in every line of work, and a most successful specialist of the highest order, for he can diagnose the cause of all troubles. Therefore, the greatest opposition is being created among all classes of the medical profession. On the other hand, drug houses are opposed to this work because every physician who is using the oscilloclast has reduced his drug bills 9/10, and through the testing of drugs, as regards to their efficiency in disease, many drugs and combinations will become obsolete. And as a result, as I stated before, the fight is on, and we, as progressives, are in the first line and must bear the brunt of the attack. In some States the Old School is trying to debar physicians who are taking up the work. We will be forced to weather both sunshine and storm, both calm and squall, and as I said at the beginning this is necessary to bring out the best there is in human endeavor.

A Thousand Faces. By F. S. Thompson and George W. Galvin, M. D.—Dr. Galvin of Boston needs no introduction. He has written a remarkable book. He shows conclusively that in every State in the Union people are railroaded into madhouses for life. Just as Upton Sinclair, in "The Jungle," compelled Roosevelt to investigate the Beef Trust and Brand Whitlock, in "Turn of the Balance," directed attention to the deplorable conditions of our jails stocked with many innocent victims of police departments and private detective agencies, so will Galvin in this masterpiece correct evils associated with private and public asylums, where some people are railroaded into madhouses.

What to Do With Your Chronics. B. W. Swayze, M. D. (The Medical Herald, November, 1922).—"We are indebted to the exhaustive laboratory and clinical investigations of Dr. Albert Abrams for incontrovertible proof that syphilis is the etiological factor present in practically all human diseases. So constantly do the Electronic Reactions of Abrams show this that it resolves itself into, 'No syphilis, no disease.'

Such a far-reaching statement is revolutionary and did it come from any less reliable a source than Dr. Abrams, there would be room for doubt. But Dr. Abrams releases nothing to the profession until he has ample definite scientific facts to back it up, and the users of the Electronic Reactions of Abrams (E R A) in the profession daily prove in their own practice that Dr. Abrams' findings are correct and dependable.

This leads us, once more, to the chronic invalid. Their very presence proves that all previous or current methods of diagnosis have failed to produce the single, or combination, cause of the

disability, for had that been known there is a remedy ready to correct the trouble and, ergo, there would be no invalids.

Again, the very presence of an invalid proves that the accepted and general methods of treatment have failed to cure, granting that the underlying cause may have been discovered; and because of this failure at the hands of many physicians—well, we still have a chronic invalid in practically every hundredth home!

In the light of Dr. Abrams' investigations, later corroborated by other investigators, that syphilis is the basic cause of practically all diseases; that tuberculosis, carcinoma, sarcoma, colisepsis, insanity, diabetes mel., Bright's disease, etc., develop upon syphilitic soil; then it can well be assumed that the failures to restore chronic invalids is due to the non-recognition of syphilis as the etiological factor in each case.

That syphilis can be present without evidencing itself in the usually looked-for form so well recognized by the profession, is proven by others, as well as Dr. Abrams. Such authorities as Lister, Sir James Barr, Cappell, Graves, J. W. King, and others have frequently noted the chamelion-like form which syphilis assumes.

Many a chronic indigestion has been overcome by anti-syphilitic treatment. The same can be said of the varied neuroses, Bright's disease, diabetes, rheumatism, carcinoma, sarcoma, asthma, etc., and a long list of other diseases and diseased conditions."

MISCELLANY

International Association for the Advancement of Electronic Medicine—The first scientific convention of this association, the object of which is research work in Electronic Medicine and the membership of which is limited to E R A graduates, was held in Chicago, September 29-30, 1922. The attendance was very much larger than was anticipated. There were many excellent papers on subjects relating to the E R A, by Drs. J. W. King, J. D. Sullivan, F. Cave, C. A. Stout, H. B. Palmer, J. du Plessis, and J. V. McManis.

The address of the president, Dr. J. Goodwin Thompson, was a notable feature of the convention.

At the conclusion of the meeting there was a banquet, and Dr. W. Wolfram did honor to the Association and himself as toastmaster.

Among the speakers were Alexander Marky, Esq., the fearless exponent of justice and the editor of Pearson's Magazine.

Harry Gottesfeld, Esq., the attorney of the Association, was also one of the speakers.

Alexander Markey—Mr. Markey is now the official editor of Pearson's Magazine, which he aims to make "the champion of the rights and aspirations of the individual," whom he regards as the source of all progress. He is about to establish a New Health Magazine, contending that the public is no longer going to follow the dictates of the medical profession. On the contrary, the latter will have to follow the dictates of the public, and why not? Is the vox populi to be exempt from participation in the matter of Health?

Dr. T. D. Bristol—For several years this esteemed physician was the guiding genius and president of The American Association for Medico-Physical Research. His demise is sincerely deplored, but his achievements and the good he wrought are more than a compensation for death, that innocuous incident of life. Mrs. Bristol shared with Dr. Bristol a unique companionship, merging their mutual interests for the good of humanity. By perpetuating the good causes, she will immortalize the memory of Dr. Bristol.

Dr. Ernest A. Hall, Royal College of Physicians, Edinburgh—Of all the skeptics who ever attended the clinics of Abrams, Dr. Hall was the prince of doubters. In a recent publication, he expresses himself as follows:

"Dr. Abrams," has developed a system diagnosis and treatment so radical, so novel that its unique character seems to be the chief reason why the organized medical profession is slow to recognize it. In fact, even in my own case, though as receptive to the newer concepts as the ordinary individual, I doubted for a week before I could believe what was repeatedly demonstrated before the clinic.

"To ask the public to believe that from a drop of blood upon a piece of white blotting paper, sent from Peking or Cairo, Dr. Abrams can diagnose disease, determine its locality, measure its intensity, and give a diagnosis is to court ridicule. The public cannot believe, neither did I until I saw it done a hundred times, and was compelled to do it myself with the other members of the clinic.

"Dr. Abrams accepts the modern concept of the scientific world with reference to the electronic basis of phenomena. He considers disease like all other processes in nature, to be a matter of vibrations, each disease being its own specific vibratory rate. By means of a special apparatus invented by himself, but which contains no secret, and can be made by any competent electrician,

these disease vibratory rates are conducted to the body of a living subject, and there expressed in easily recognized changes in the circulation and muscular contractions. He professes to diagnose disease before it can be detected by any of the recognized methods of determination, before or after death.

"It appears to me that by this method even an abnormal electronic action may be revealed long before such abnormality could be expressed in any physical change that could be shown, even by the microscope. Just as the barometer may indicate an approaching storm, so may the system give the warning long before the disease is physically manifested.

"Dr. Abrams told me," Dr. Hall proceeded, "that he elicited the cancer reaction from his wife fourteen years before she died, but before he had devised his method of treatment. Dr. Abrams states that all substances are radio-active, and that his methods are but the application to medicine of what the modern scientific world has applied to both the spectroscope and radio-wireless.

"To the tubercular and cancer sufferers it apparently brings new hope. If one-tenth of what is reported is true, this method is the greatest contribution ever made to medical science, not excepting the introduction of antiseptic methods into surgery.

"The demalignanizing of malignancy appears to have been accomplished, where the disease has not spread to other parts of the human body. It is claimed that the method enables the cancer activity to be destroyed, and in tuberculosis at least 50 per cent of the cases may be prevented.

"One prominent surgeon of Oakland told me it reduces his surgery from 60 to 75 per cent, and renders the balance safer and more satisfactory. To the dental profession Dr. Abram's message is optimistic. He states that dental abscesses and even the ubiquitous pyrrohea can be conquered, and that the wholesale extraction of teeth is no longer necessary, in the presence of the new vibratory treatment."

Electrocardiograph—The Editor, after using this apparatus and studying electrocardiograms, could not convince himself that they were of any value as an aid in electronic diagnosis.

Glass Rod—In a cold room, it is necessary to slightly heat the rod in a flame to make it efficient for diagnostic purposes.

Spleen—With the flexed left arm, the elbow joint in contact with the chest corresponds to the position of the spleen (Dr. M. Simon).

Ethyl Chloride—If the tube prior to use is immersed in hot

water, freezing is more rapid and less of the solution is used owing to its exit in gaseous form.

Ernest A. Hall, F. R. C. P.—This eminent physician comments as follows:

"Dr. Abrams has given us the desideratum of the discouraged physician—accuracy in diagnosis and a scientific basis for treatment. He proceeds without prejudice, and while admitting a modicum of truth in all cults, he accepts nothing as final except that which can be scientifically demonstrated. He is here not to destroy, but to fulfil, to give new light, and that more abundantly. We, who for years have wandered in the desert of indefiniteness, have found in Dr. Abrams' system of diagnosis and treatment an oasis of satisfaction and rest."

Oscillate—This word, meaning to swing or sway, recalls its origin in relation to an ancient Roman custom. Oscilla, literally little mouths or faces, were suspended from trees and in vineyards, and as these would sway in the breeze, they were supposed to increase the fertility in whatever quarter they might face. The oscillum was usually a small mask of Bacchus.

OSCILLOCLAST

Summary of Destructive Rates (Referred to as Numbers) Revised to December 1, 1922

Abbreviations

AS and CS—Acquired and congenital syphilis.
CB—Colon bacillus.
D—Depolarizer.
DR—Destructive rate.
E—Electrode.
RD—Radioactive drugs.
S—Strep.
SP—Spleen.
SS—Splenic sterilization.
ST—Staph.
STR—Scar tissue rate (0 or 11).
TB—Tuberculosis.

Diseases

Actinomycosis, 5.

Adenoids, 2—Place E close to hair line on neck. If infected use S and ST.

Adhesions, 0 or 11.

Alopecia, 4.

Amebiasis, 1.

Anemia (Pernicious)—Gives a cancer reaction over SP. Over latter use 6 and SS.

Anthrax, 4.

Ankylosis—Fibrous, 0 or 11; osseous, 4.

Appendicitis—If S shows an ohmage in excess of 1, it is surgical. Two and 1 over appendix and empty latter several times a day (concussion tenth dorsal). For adhesions, 0 or 11.

Arteriosclerosis—Usually of AS or CS origin. SS. In **Angina Pectoris,** SS and 3 over aorta and heart.

Arthritis—Treat focal infection and joints (1 and 2). SS and RD.

Asthma—SS and lesion 5.6 cm., above left ear (3). Latter lesion of AS or CS is also present in **Migraine** and **Epilepsy** and must be similarly treated.

Carcinoma—All malignant growths are strains of AS or CS. Local treatment (6) after using D and SS. In **Carcinosis,** 6 and 3 by SS method. Growths do not disappear (unless in young), but become smaller and indurated. All abdominal operations are followed by malignant growths (may be latent for years) unless operation is preceded by SS.

Cataract, 3, 11, 8—Three (CS), 11 (STR), 8 (calcium).

Colisepsis, 4—Over sites of infection and SS at 4.

Coryza (Hay Fever), 2—Usually applied over sinuses which are infected.

Dermatitis Venenata (Poison Ivy), 3—Used locally.

Diphtheria, 2—To skin over lesions and in carriers.

Diabetes, 3—AS or CS, always present. SS and over pancreas and medulla (suboccip. region).

Endocrinopathies (Diseases Ductless Glands)—Gland anomalies from AS or CS. SS and 3, to glands.

Ears and Eyes—Diseases due to AS or CS. Treat locally and over brain centers (hearing and visual) at 3 with SS. After removal of cause, use STR. In **Glaucoma,** 3 (TB). In syphilis, use blue, TB, yellow glasses.

Epilepsy—SS with 6 and 3 over SP. See **asthma.**

Fat, 1—In double chins and fatty heart.

Fibroma, 2—Over uterus or vagina with rate 3.

Gall Stones, 4—Make bladder tolerant to stones by destroying S (2), ST (1) and CB (4) over gall-bladder.

Gonorrhea, 4 and 8—Over organ in acute and by urethra in

chronic cases. For prostate use sound in rectum or over gland. Rates to joints and paint latter with eosin. Destroy S and ST which complicate condition. Suspect syphilis (urethral infection).

Hemophilia, 3—Cardiovascular strain of AS or CS.

Infections—Local treatment and SS, using correct DR.

Inflammation, 3—Use also correct DR.

Influenza, 5—SS and 5 over SP. Sleeping sickness, according to E R A, is a brain lesion of this infection.

Insanity, 3—Varying forms due to AS and CS. Find site of brain lesion and use 3 locally and SS, 3.

Keloid, 4—Use also 3, locally and SS (3).

Leprosy, 3—To lesions and SS (3).

Leukemia, 3—Spleen gives reaction of sarcoma. Use rate 3 and SS.

Malaria, 1—SS with 1 over SP. Lesions may be due to metastasis of plasmodia (use 1 over lesions).

Meningococcus, 2—SS and 2 over SP.

Menopause, 2—SS and 2 over SP.

Migraine—See asthma.

Mucous Colitis—SS, 3 and treat CS lesion (sigmoid flexure).

Neurasthenia, 10—To occipital region.

Pain, 7—Use locally. In pain below head, E to neck at hair-line. If in head, use in suboccipital region.

Paralysis Agitans, 3—Sarcomatous reaction in both parietal regions. Use locally at 3 and SS, 3. Later, use STR.

Pellagra, 2.

Plague (Bubonic), 3—SS and 3.

Pneumonia, 7—SS and 7 and locally to lungs.

Poliomyelitis, 2—SS and 2 and locally to cord lesion. Later, use STR.

Pregnancy, 1—Avoid this rate over uterus and to os uteri.

Psoriasis, 3—SS, 3 and use in all intractable AS and CS, D.

Ptomaine Poisoning, 2—SS and 2 and 2, over abdomen.

Pyorrhea, 3, 2 and 1—To gums for AS or CS, S and ST. SS, 3.

Rabies, 1—Locally and SS, 1.

Sarcoma, 3—Action on growths like carcinoma.

Scar Tissue, 0 or 11—Used locally.

Staphylotoxemia, 1—Locally and SS, 1, in general infections.

Streptotoxemia, 2—Locally and SS, 2 in general infections.

Suggestion, 5—The concept, "I am well," may be reproduced by E R A at 5 (mechanical suggestion). E, to forehead (J. Physico-Clinical Medicine, September, '22, p. 6).

Syphilis (AS and CS), 3—SS, 3 and over lesions. Use D. Do not dismiss patient until cryptogenic reaction is negative.

Tetanus, 3—To lesions and SS, 3.

Tonsils, 2 and 1—Tonsillar hypertrophy may recede after destruction of infection.

Trachoma, 3—To eyelids and SS, 3.

Tuberculosis, 5—Over lesions with 3 and SS, 3. In mixed infections use locally, 1, 2 and 3.

Typhoid, 10—Over lesions and SS, 10 and 3.

Uric Acid, 4—Over lesions, say renal calculus.

Urticaria, 2—Same rate as Ptomaine Poisoning (SS, 2).

Whooping Cough, 2—SS, 2 and over trachea, larynx and thymus.

X-ray Burn, 10—To lesions. Destroy S and ST.

Duration of treatment with the oscilloclast varies from thirty minutes to one hour. The results, as a rule, are in proportion to the duration of treatment. Occasionally anaphylactic reactions may ensue from applications, due to the increasing circulation of toxins from the destruction of morbid tissue. In such instances employ eliminants.

Electrodes must be kept constantly moist with salt solution. When several infections are synchronously present, the current at three different numbers may be used from three separate rheostats. Do not connect more than one cord from a single binding post. Use triple connector for more than one cord.

Syphilis and Splenic Sterilization (SS)—There are antibodies in spleen for all infections. Method: 1. Concuss between third and fourth dorsal spines to dislodge toxins from the dark corners (thirty blows).

2. Concuss the seventh dorsal spine, thirty blows, which produces an enormous splenic enlargement and causes toxins to be aspirated into the spleen.

3. Concuss the second dorsal spine (thirty blows) to fix splenic dilatation.

4. Depolarize spleen (see later).

5. Apply electrode to spleen after final concussion and depolarization at rate indicated for each disease.

Acquired and Congenital Syphilis (AS, CS)—Lesions like carcinoma, sarcoma, and tuberculosis invariably develop on a lesion of AS or CS. In fact, these diseases are only strains of syphilis.

To prevent recurrences, treat simultaneously with rate for disease and syphilis, or treat first at rate of disease, and finish with rate for syphilis (3). Sarcoma has the same rate as syphilis, so that this rate is applicable to both.

Radio-active Drugs—Abrams has definitely shown that all drugs are radio-active, and that some of them are endowed with specific DR attributes. **Eosin** and **Congo Red** (better) for Cancer; **Gamboge** (for Tuberculosis); **Safranin** and **Mercurochrome** (1 per cent) (better) for Sarcoma; **Congo Red** (for Strep and Neisserian Infection and Scar Tissue). Mix these with alcohol and paint over affected parts in interim of treatment. They aid action of oscilloclast, and do not interfere with action of current, which can be applied without removing the drug.

Depolarizer—This apparatus (reported in Physico-Clinical Medicine, December, 1922), is based on the principle that by removing the polarity of disease its potentiality is annihilated, just as the power of a magnet is lost by demagnetization.

Depolarizer must be used for three minutes on the A. C., over tumor or over the spleen after concussion. Immediately after its use the E, of the oscilloclast, is applied at the specific DR for the usual duration of time. By this method, the E R A show that diseases are arrested more quickly.

Consult **Directions For Using the Oscilloclast** furnished by the Physico-Clinical Co.

MASSIVE TREATMENT WITH THE OSCILLOCLAST

[Some misconception has arisen concerning duration of treatment. The results are always in direct ratio to the duration of treatment. Not more than one cord must be used from a single binding post. Witness the results achieved by Dr. Lamar K. Tuttle, New York, by massive treatment.]

Mrs. K. was operated upon at the French Hospital, this city, for intestinal neoplasm. Large nodular masses were found on intestines, splenic flexure, and descending colon. Conditions were such the surgeons feared to interfere, and case was sewed up without anything being done. Unfavorable prognosis. Tentative diagnosis: carcinoma of intestines. Ascites rapidly developed and case was tapped every nine days, and from six to eight quarts of fluid removed at each tapping.

The case came to us on October 6, 1922. At this time patient was passing three (3) ounces of urine in twenty-four hours. We started oscilloclast treatment on October 11. On this day total quantity of urine, twenty-four hours, was 3 ounces. Oscilloclast

treatment was given daily up to and including October 14, at which time the ascites had increased to such a degree as to warrant us in tapping patient. We drew over ten quarts of yellowish opalescent fluid, and patient was much more comfortable after tapping.

"Up to this time daily treatment of one hour had been given. We then decided on massive treatment, and all-night treatment on the oscilloclast was given, about eight hours. From then on, elimination has steadily increased. On October 13, she passed ten and one-half ounces, and she is now passing from seventy to eighty ounces in twenty-four hours, and the urine is of good quality. Since the tapping mentioned, there has been no return of ascites: abdomen tenderness has practically disappeared. Mass in left colon is smaller. There is no edema. Bowels are freely open; stools appear almost normal. Patient is much stronger. Patient is about and happy. In fact, takes a walk of several blocks each day without marked fatigue. Appearance is good. Appetite good. Digestion and assimilation good. Is gaining weight, happy, and cheerful. The general picture is one of well-being and rapid return to health. It all seems too good to be true. I shall report again on this case. Am keeping close record, electronically, medically, and surgically.

"Please bear in mind, Dr. Abrams, this case was considered inoperable, and an unfavorable prognosis given by reputable surgeons in this city.

"Please note this case did not show marked improvement until **massive** treatment was given of several hours' duration. If nothing more is accomplished in this case, E R A has to date accomplished the impossible."

PUNCTUATED MEDICINE

? Usual medical diagnosis and treatment.
"" Plagiaristic symbol of the average medical contribution.
: Commercial habitat of the Bulgarian bacillus.
; Patient with only half a colon.
! Emotional symbol when two physicians agree.
. Usual end of a sentence (patient's demise) when a medical classicist uses his head to the exclusion of his heart.
— Response to a sick-call when the physician fears that the patient may get well before he gets there.
() Genu varum (bowleg).
' A comatose surgeon who fails to see this morphologic symbol of an appendix requiring removal.
|| Ruthless surgery and an autopsy.

DIAGNOSTIC HEADGEAR *

The diagnostic headgear is an apparatus designed to enable the E R A diagnostician to make his reactions more accurately, more rapidly, without tiring the subject, and without the aid of an assistant in localizing sinus infection, and other pathological conditions of the body.

It is made of non-conducting material, and no colors are present which might interfere with the reactions. The circumference and the anterior and posterior diameter of this headgear are adjustable, so that it will fit any size or shaped head.

It has three binding posts, to which are attached three aluminum discs, covered by a specially moulded rubber. This prevents the disc from coming in contact with the skin, and also narrows the diameter, thereby increasing the force of energy coming from the blood.

The posts are equipped with an opening to hold the tip of the cord coming from the rheostat. This leaves the subject's hands free, which enables him to aid in localizing. Also, these posts are movable in a slot running anteriorly and posteriorly, so that once you fix the position of the electrode in the E D or P D positions, it will remain there permanently. This will prevent the necessity of the diagnostician from constantly measuring these areas, when they are called for. This was designed by Harry Wirklich, Ph.C., Ph.G., M.D., and Charles J. Pflueger, B.S., M.D., associates of Dr. Albert Abrams, 2151 Sacramento street.

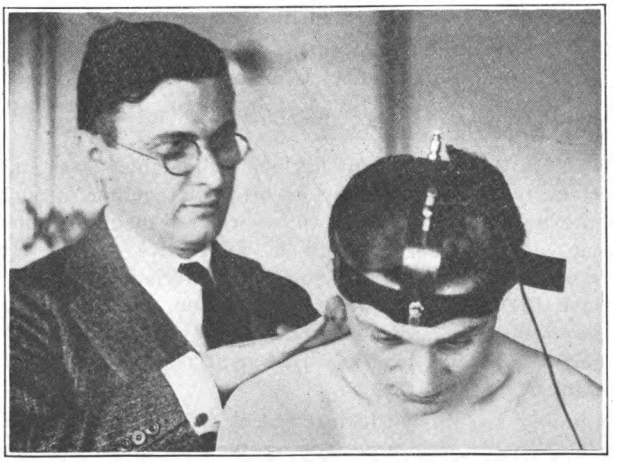

Fig. 3—Diagnostic Headgear

* Price, $7.50.

OSCILLOCLAST

The wide vogue of the oscilloclast has resulted in numerous requests from scientists and others for a simple explanation of its mode of operation. Considerable thought has been given to the problem so that physicians may readily grasp it, and having seen the firm physical foundation on which its theory of operation is founded, will be able in turn to show patients, in a simple manner, the reason for its curative properties.

As its name implies, the oscilloclast **Destroys** by **Vibrations.** Having determined the **vibratory rate** of a disease, there is imposed upon it by the oscilloclast another vibration of such characteristics that the vibration corresponding to the disease is destroyed.

To a physicist the destruction of one vibration by superimposing another vibration upon it is easily understandable, and is, in fact, a commonplace phenomenon. To the lay mind, however, it is not so readily understandable how one vibration can destroy another exactly similar vibration.

Moved by these considerations and based upon a long experience in instruction in our clinics, we have designed a demonstration instrument which will show by an exact analogy the manner in which one vibration destroys another exactly similar vibration by mere superposition. In this instrument there will be seen upon turning the crank two independent vibrations; by an adjustable lever these two vibrations may be superimposed one upon the other in such a way that one totally destroys the other, and the resultant effect is an entire absence of any vibration at all.

The demonstration instrument will actually show this in a graphic manner, and the effect is exactly analogous to the destruction of disease vibration by imposing upon it an exactly similar vibration from the oscilloclast.

By a further movement of the adjustable lever mentioned above, the two vibrations may be brought together in such a way that the resultant effect is an enormous magnification of the original vibration rather than a destructive effect. In other words, if a vibration of the wrong characteristics is imposed upon a disease, the result may be an **aggravation,** rather than an amelioration. (It need hardly be pointed out how important it is to use only the proper type of instrument, such as the oscilloclast, in treatment.)

Summing up, this little instrument will show graphically how one vibration can totally destroy another vibration, how one vibration can greatly increase another vibration, and it will also show

all the intermediate stages. It should be understood that this instrument **actually** superimposes one vibration upon another and shows graphically the **actual** resulting effect. In other words, it is an **exact** analogy, and not merely a pretty demonstration device.

SOME RECENT VISITORS * TO DR. ABRAMS' LABORATORY

Alabama—Dr. C. N. Welles.

Arizona—Drs. A. S. Hawley, Phoenix; R. M. Tafel, Kingham; C. C. Bradbury.

Califorinia (Provincial)—Drs. R. L. Stine, Clara Stone, John Bernard, J. Lynn Goode, Herman J. H. Fish, Arthur H. White, Kirschner, George Tully, R. E. Waldo, John T. Miller, W. B. Ryder, L. H. Wolfsen, Elsie Harris, K. L. Whitten, William Marcus Kendall, Garthe Boenicke, Priestly, Osburn, J. J. Mayers, A. Noe, Frank T. Collins, E. M. Vanbibber, R. D. Pope, D. T. Goldag, K. J. Humphrey, F. A. Edwards, W. F. Lewis, U. S. Army; Alex Martin, C. M. Graham, Maud Potts, R. B. Stone, J. R. Leadsworth, J. Sanderson, Florence Hebb, G. K. Abbott, Walter Rittenhourse, Prescott Harry Emeis, Mary Butui, Gould, Lewiston N. Isaacs, L. L. Lindsay, C. E. Hopkins, Hyman Lischner, J. S. Penrose, E. H. Bryan, J. D. Jewett, Mary A. Brown Giran, Vernon Lee, H. J. Hoake, P. Samson, Arthur E. Pike, Maud McDonald Peterson, J. T. Penrose, N. R. Lynd, J. B. McMahon, C. L. A. Rinker, L. D. Reeks, Caroline L. Webber, Pliny Haskell, C. H. Gotch, David Cassidy, Ida Moore, Eleanore L. Moore, H. J. Sanford, James Sanderson, F. J. Lynch, H. B. Wagner, G. E. Anderson, A. C. Magee, B. White, A. Hall, E. Patten, W. Langhorst, F. Ruhman, I. Webster, J. Jones, C. Malony.

Colorado—Drs. James R. Ameill, Amy Brown Schoonmaker, F. A. Luedicke, Leroy Gullick, George Sibbald.

Florida—Dr. Herbert McConathy.

Idaho—Drs. J. E. Serris St. Jean, Charles W. Kingsbury, G. H. Handy, U. G. Marsh.

Illinois—Drs. H. R. Holmes, J. Howard, M. H. Kowen, Ina Light Taylor, J. B. Morris, J. H. Baughman, B. Elfrenk, E. B. Dick.

* We regret that many visiting physicians were denied admission to the clinic, owing to the limited space at our disposal. In the new college to be erected, there will be accommodations for about five hundred physicians.

Iowa—Drs. Elmer H. Beaven, Cedar Rapids; C. H. Lauder, J. W. Lauder, C. E. Phelps.

Kansas—Dr. E. D. Warren, Winfield.

Kentucky—Drs. S. B. Pullian, W. D. Pelle, H. E. Pelle, A. F. Pelle.

Louisiana—Dr. G. G. Smith.

New York—Drs. F. E. Neves, R. H. Beeman, D. C. Mathews, Max S. Robinowitz, Anna De La Motte, J. Broder.

Nebraska—Drs. F. E. Gordon, E. A. Carr, M. H. Deffenbaugh, C. A. Shoemaker.

Massachusetts—Dr. Henry Houghton.

Michigan—Drs. F. E. Dayton, J. G. Israel, J. Aaron.

Minnesota—Drs. E. S. Erwin, S. D. Foster.

Mississippi—Dr. W. W. Cox.

Missouri—Dr. J. F. Binnie.

Montana—Dr. Thomas Benj. Moore.

Oklahoma—Dr. G. O. Hall.

Ohio—Drs. Grossman, J. A. Lytle, S. D. Hockman, P. Barton.

Oregon—Drs. G. O. Jarvis, G. L. Gates.

Pennsylvania—Dr. Mary Clinton.

Texas—Drs. D. M. Hestand, J. V. Goff, J. Tess, M. Paul Peck, H. B. Smith, H. R. McLean.

Utah—Drs. A. L. Castleman, G. A. Gamble, R. E. Maupin.

Virginia—Dr. R. A. Gamble.

Washington—Drs. J. S. Davies, Ivar Janson, Clyde I. Gockley, C. P. Bryant, A. L. Goff, W. T. Thomas, W. Guthridge.

New Mexico—Dr. H. M. Bowers.

Canada—Drs. Charles Hill-Tout, T. P. Hall.

England—Drs. B. Shopleigh, W. H. Hawden, B. W. Lingburg.

Australia—Dr. B. W. Lindberg.

Mexico—Dr. F. Paredes.

Spain—Dr. A. Parra.

2151 SACRAMENTO ST.,
SAN FRANCISCO, CAL., U. S. A.

PHYSICO-CLINICAL LABORATORY

— OF —

Dr. Albert Abrams

FOR THE ELECTRONIC TESTS OF ABRAMS

IMMEDIATE AND ACCURATE DIAGNOSIS.

These tests permit of an immediate and accurate diagnosis of SYPHILIS, CANCER, SARCOMA, TUBERCULOSIS, TYPHOID FEVER, MALARIA, PREGNANCY, GONOCOCCIC AND STREPTOCOCCIC INFECTION, COLISEPSIS and other diseases.

VIRULENCY GAUGED.

In SYPHILIS (nervous system, cardiovascular apparatus, eyes, lungs), and in TUBERCULOSIS (glands, lungs, bone), the SPECIFIC STRAINS of the organisms in these diseases may be determined, showing implication of definite structures, or the invasion of the latter may be predicted. The VIRULENCY of DISEASE may be GAUGED with MATHEMATICAL ACCURACY. Thus, it can be determined whether SYPHILIS ("which never dies but only sleeps") is active or quiescent, and when treatment should be continued or discontinued. It is also possible to determine whether SYPHILIS is congenital or acquired. Reprint on cure of Syphilis sent on request.

BLOOD ON PAPER, NO SPECIAL INFORMATION NECESSARY.

To execute these diagnoses all that is NECESSARY is to send several DROPS OF BLOOD from the patient, ABSORBED by a CLEAN WHITE BLOTTER or filter paper. Blood examinations now permit of the localization of lesions. Neoplasms, sputa and other tissues are equally available for diagnosis by the same tests. NO INFORMATION concerning the patients from whom the blood is obtained is necessary (other than in tests for pregnancy), thus, unlike the laboratory tests, the electronic tests permit an unprejudiced opinion. No diagnostic method is infallible.* It is requested that all physicians correlate the Electronic Diagnosis with their clinical findings. Unless specially requested, and without comment, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, CANCER, STREPTOCOCCIC INFECTION, and COLISEPSIS. These tests will be appreciated by your patients. To treat them without a correct diagnosis is only adding insult to injury. A diagnosis in the usual way by skilled diagnosticians shows 50 per cent of errors and in some cases 75 per cent.

A FEW REFERENCES.

Full information concerning these methods may be found in "INTERNATIONAL CLINICS" (Vol. 1, 27th Series), the "REFERENCE HANDBOOK OF THE MEDICAL SCIENCES" (Vol. 8, 3rd Edition), and "NEW CONCEPTS IN DIAGNOSIS AND TREATMENT" (Abrams). All the tests are controlled by the "Sphygmopathometer," an instrument devised by Dr. Albert Abrams.

ONLY ONE IN FIVE.

Laboratory diagnoses are notoriously fallacious. There is only ONE CHANCE IN FIVE that a specimen of blood submitted to ten serologists will result in an agreement. The negative results with the Wassermann are fully 50 per cent, and positive reactions may occur in tuberculosis, acidosis, malaria and other affections. Collins (A. J. M. Sc. 1916) estimates that 15 per cent of paretics and 70 per cent of cerebrospinal syphilitics fail to give a positive Wassermann in the spinal fluid. One of the most serious and almost tragic arraignments suffered by the Wassermann emanates from the recent report of Symmers, Darlington and Bittman. The report is based on nearly 100,000 reactions made by the most competent serologists procurable. Their conclusions are briefly as follows: 1. The reaction executed in the living patient at the Bellevue Hospital gives a negative result in from 31 to 50 per cent of cases in which the characteristic anatomic signs of syphilis are demonstrable at necropsy. 2. The reaction in the living patient is positive in at least 30 per cent of cases in which it is not possible to demonstrate any of the anatomic lesions of syphilis at necropsy. Physicians of prominence no longer rely on the Wassermann test.

Nicolas, a distinguished French clinician, in a recent communication (Jan., 1920) concludes: "The Wassermann is present in the absence of syphilis and absent in the presence of lesions. It is a DANGEROUS

* Owing to the many examinations now being made, a brief history of symptoms is necessary.

test, because we treat those who are not syphilitic and fail to treat those who are."

The same fate is destined for the reactions of Abderhalden, when one-third of all MEN yield the test of pregnancy.

NEARLY 100 PER CENT POSITIVE.

Geo. O. Jarvis, A. B., M. D. (formerly of the University of Pennsylvania), found that the Electronic tests of Abrams were POSITIVE in nearly 100 per cent of syphilitic affections (hereditary or acquired).

VECKI.

"I have witnessed marvelous results," observes Vecki, the noted syphilologist in his SEXUAL IMPOTENCE (W. B. Saunders & Co., 1915), "in the diagnosis of syphilis by the ELECTRONIC TESTS OF ABRAMS."

The tests embody the employment of the visceral reflexes of Abrams.

FROM ENGLAND.

Sir James Barr, in his presidential address at the eighteenth annual meeting of the British Medical Association (British Medical Journal, July 27, 1912), observes as follows:

"The versatile genius of Dr. Albert Abrams, who has come all the way from San Francisco to do honor to this meeting of the British Medical Association, has taught us how best to cure intrathoracic aneurysm, and he has shed light on the nature of the cardiac and respiratory reflexes. In the treatment of diseases of the heart and lungs, his work does great credit to the new continent and he has given us further insight into methods of prevention."

"I could easily fill several journals with an account of Abrams' valuable work."—Sir James Barr, British Med. Journal, March, 1920.

Sir James Barr, M. D., LL. D., F. R. C. P., F. R. S. E.—(Article, "Dr. Albert Abrams' Method of Percussion," Lancet (London), May 22, 1920): "Dr. Abrams is, perhaps, doing more than anyone else in the present day to resuscitate the lost art of physical diagnosis."

"In cancer Abrams' reactions can be easily verified."—Sir James Barr, Lancet (London), May 22, 1920.

"In my opinion he (Dr. Abrams) has done more to advance the treatment of tuberculosis than all the physicians in America and Europe combined."—Sir James Barr, Medical Press and Circular (London, England), Jan. 12, 1921.

DIAGNOSIS AT THE VERY BEGINNING.

"It is many years since the medical profession has shown such interest in any new discovery as they have in Electronic diagnosis, first discovered by Dr. Albert Abrams of San Francisco. To be able to DIAGNOSE AT THE VERY BEGINNING, tuberculosis, carcinoma, syphilis, pus formation, and so on, and not have to rely upon doubtful laboratory methods, is almost beyond comprehension or belief."—George Starr White (American Journal of Clinical Medicine).

In another communication to the same journal, George Starr White observes as follows: "This same human energy can be used to diagnose disease in its early stages better than any other known method. To Dr. Albert Abrams is due the credit for this epoch-making discovery. It is the external counterpart of the Abderhalden reactions."

"We think Dr. Albert Abrams was the first to utilize **colored screens** in diagnosing disease."—Geo. Starr White, A. J. Clin. Med., Feb., 1915.

(NOTE—The only object in publishing White's excerpts is to discredit the latter, who, in later publications under new captions, claims priority for Abrams' discoveries and instances his observations on the flight of "homing-pigeons," and other fantastic vagaries in justification of his claims.)

FEES:

(Which include all diagnostic information necessary.)

Blood examinations, which include tests for all diseases.....$25.00
Subsequent blood examinations to gauge the course of the disease. 10.00
Examination of patients.....$50.00-$100.00

(With full instructions to the physician for executing Abrams' methods of Electronotherapy. By the latter, most uncomplicated and incipient forms of tuberculosis are amenable to symptomatic cure within a few weeks.)

The "ABRAMS' TREATMENT" of SYPHILIS sent on request.

Course to physicians on Electronic Diagnosis.....$250.00

(Limited to reputable physicians in possession of the M. D. degree, or graduates of an osteopathic college. Courses are continuous, but applicants should write in advance of their coming.)

DR. HARLEY E. MACDONALD
PHYSICIAN AND SURGEON
OFFICE AND SANITARIUM
1521 So. HOPE STREET
COR SIXTEENTH AND HOPE ST
LOS ANGELES, CALIFORNIA

To whom it may concern:

This is to certify that for me Dr. Albert Abrams has examined by his new method one hundred Physicien cases. Great as was the surprise to me in many instances in practically all cases his judgment was based demonstrated to be correct and in no instance was he found to be in error.

H. E. MacDonald M.D.

When I first began to investigate the subject of Electronic Diagnosis, I found the work most confusing but further investigations at the Physico-Clinical Laboratory of Dr. Abrams, convinced me from therapeutic results observed, of the correctness of his diagnoses. It is impossible to form a very intelligent opinion of these methods from reading about them. One must come to Dr. Abrams' laboratory and watch him at his work and hear his explanations and comments and if he approaches the investigation in an unprejudiced frame of mind the physician will soon discover that he has found something that will be of vast usefulness to him in his medical work. I consider the last five months that I have spent in this investigation as the best spent time of my medical life and would heartily advise any of my confreres to pursue a like course.

Very sincerely,

W. R. Scroggs M.D.

1st. Lieut. Medical Corps
U. S. Army.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON June 15, 1917.

The electronic reactions of Abrams have been introduced to the profession at a time when the electro-chemical conception of cellular activity is beginning to make its way.

Without a clear idea of this electro-physical concept of physiologic and pathologic activities the electronic reactions of Abrams are difficult to comprehend, even though comparatively simple.

These reactions are based on the facts (1) that electro-chemistry in normal tissues differs from that in abnormal tissues; (2) that energy from the tissues can be conducted along any insulated conductor; and (3) that the ganglion cells of the spinal cord, the peripheral ganglia, or the parenchymatous cells themselves of the various organs will all respond to energy conducted from an anlage of special physiologic activity (such as the beating heart) or from an anlage of pathologic activity (such as a cancer node or a focus of infection).

These reactions show themselves in the organs by change of density, of shape, and of percussion note. Alterations in the blood pressure may also be demonstrated in a test subject if the energy is conducted in an appropriate manner.

It is recognized that the Wasserman reaction is not an entirely satisfactory guide in the diagnosis of syphilis and that it is especially unreliable in the diagnosis of recent and of inherited lues. The writer has made positive diagnosis of syphilis in a number of patients in whom the Wasserman tests have been executed by one or more competent serologists and returned as negative.

In some of the "recent" cases the presence of mucous patches, demonstration of the Spirochaetae pallidae, and the therapeutic results permit of no doubt as to the diagnosis. In cases of long standing and in inherited infection demonstration of the Spirochaetae was not made; but the case histories, the family histories, and the immediately beneficial results of treatment left no reasonable doubt as to the accuracy of the diagnosis as made by the electronic reactions of Abrams.

Some of these cases had been repeatedly examined by competent serologists at the largest clinics in the country and had there been treated for various non-existent diseases; this because an accurate diagnosis could not be made.

In eighteen cases in which both Wasserman and electric tests were made there was only one in the electronic

reaction which yielded a doubtful result and this case had been examined by various physicians from New York to San Francisco and had been treated for possible luetic infection, including a sojourn at the Kansas Hot Springs. A course of neosalvarsan with intensive mercurial treatment failed in my hands to produce marked improvement though there was an amelioration of certain symptoms. This case was a failure in diagnosis both on the part of the writer and upon the part of a number of eminent syphilographers.

In cancer the matter of diagnosis is so important that authorities agree that a cancer subjected to early and radical removal offers a fair prospect of freedom from recurrence. In external cancers it is naturally possible to make a diagnosis earlier than if the growth be located internally. In gastric cancers the diagnosis must await the appearance of "a cancer rest";—but this implies a fairly advanced carcinoma.

By the electronic reactions of Abrams Dr. A. W. Boslough, of Ashland, Oregon, and the writer have been able to diagnose eleven gastric and other internal cancers at a time when there was only the smallest macroscopic sign of a cancer in the removed specimen. When the specimens were submitted to one or more competent pathologists, who had no knowledge of the case beyond the region from which the tissue was removed, they returned a diagnosis of malignancy with one exception. In this case one pathologist pronounced it malignant and another benign; but the recurrence of symptoms after operation and the subsequent death of the patient left no reasonable doubt but that the growth was malignant.

Specimens in which a suspicion of malignancy might exist, both from the history and from the macroscopic appearance, but which the reaction of Abrams showed to be benign, invariably proved on pathologic examination to be non-malignant. The subsequent history of those pronounced benign have shown, so far as the lapse of time permits, that the diagnosis of a benign process was justified. The clinical course of those in which the diagnosis of malignancy was made has shown, unless complete extirpation was possible, the best foundation for a diagnosis of malignancy.

In a few of the cases diagnosed as cancer by the electronic method the macroscopic evidences of malignancy were so slight that the writer was strongly inclined to doubt the diagnosis until an examination of the specimen by two independent pathologists in different cities had proven beyond cavil the presence of cancer.

DR. GEORGE O. JARVIS
THE SANITARIUM
ASHLAND, OREGON

With regard to bacterial infections;—the tests made by the writer have been largely upon teeth, the roots of which were infected and in which radiographs were made to show the possible existence of peri-radical tissue changes possible to demonstrate by the x-ray. Of these there were thirty-two cases in which x-ray plates were made, the electronic test performed, and extraction with examination of the extracted teeth done.

Extractions of the suspected teeth proved the accuracy of the diagnosis of streptococcic infection. It cannot be said that no cases went undiagnosed because teeth which yielded no reaction were not extracted. The subsequent clinical history of the cases of suspected focal infection strongly substantiated the findings of the electronic method.

With regard to sarcoma, the writer has had but two cases since learning the method of Abrams and is therefore unable to say more than that the reaction was positive and correct in these two instances.

Of the accuracy and delicacy of this method of Dr. Abrams there can be no question. Its simplicity leads some to overlook the necessity for care and accuracy joined to considerable study and experience. In the hands of those who lack accurate and delicate percussion, who are unable to distinguish variations in density of tissues (resistance) and percussion sounds, or are unwilling to give time and labor to the investigation of the methods and perfection of the technique the results will be unreliable; as would be the case with any other diagnostic procedure.

Respectfully,

Geo. O. Jarvis.

AMON THATCHER ROE, M. D,
Pacific Grove, Cal.

July - 27 - 17

Dear Doctor Abrams

your letter explaining blood test no. 3 received.
your diagnosis is correct. I thought I might
stump you on this one - but failed.
I am sending you blood specimen of case no. 1.
To day - I trust you will be able to find some
improvement in this ~~test~~ case - this time.
I can hardly wait the time I can leave for the
City and spend the time with you.
Thanking you for past favors I am Sincerely Yours
D. V. Roe

Diseases Diagnosed by an Examination of Dried Blood

Acidosis
Adrenal Sufficiency
Amebiasis
Colisepsis
Carcinoma
Cholelithiasis
Chorea
Diabetes
Diphtheria
Epilepsy
Genococcic Infection
Gout
Hookworm
Hyperpituitarism
Hyperthyroidism
Influenza
Insanity
  Paranoia
  Dementia Precox
  Acute Mania
  Dipsomania
  Chronic Dementia
Leprosy
Malaria
Measles
Menstruation
Meningococcic Infection
Neurasthenia
Paralysis Agitans
Parathyroid Insufficiency
Paratyphus
Pneumococcic Infection
Psychasthenia
Pregnancy (prediction of sex)
Paresis
Poliomyelitis
Rheumatoid Arthritis (Variety)
Sarcoma
Scarlatina
Straphylococcic Infection
Streptococcic Infection
Syphilis (differentiation of congenital and acquired, and specific strain)
Teniasis
Tetanus
Typhoid
Tuberculosis (Varieties)

The virulency of all diseases is mathematically measured and serves as a valuable guide in noting their progression or retrogression and the efficacy of treatment—notably, syphilis.

A personal examination of the patient is necessary in estimating the functional activity of the ductless glands and viscera.

IMMUNODIAGNOSIS is also capable of demonstration in some of the foregoing diseases. It can be shown from the blood whether the subject possesses natural or acquired immunity to typhoid fever; whether typhoid inoculations are necessary, or, if given, whether they will prove effective, thus dissipating any false security against infection. Some people show a natural immunity to cancer, and this is demonstrable by a blood examination.

WARNING

Many physicians have forwarded specimens of blood to the Physico-Clinical Laboratory for diagnosis. Many of them forget that all things in nature show radioactivity, and that color interferes with the splanchnic reactions. Specimens have been received on colored and printed paper. These errors must be avoided, and only white filtering paper or a blotter (white) should be used for the blood. While a brief statement accompanying the specimen will be of material aid in diagnosis, the statement is not absolutely necessary. Unless specially requested and without comment from the physician, only the following conditions will be sought for: SYPHILIS, TUBERCULOSIS, COLISEPSIS and STREPTOCOCCIC INFECTION.

When two blood specimens are sent, forward them in separate envelopes to avoid conferred radioactivity.

The quantity of blood forwarded should be sufficient to cover an area represented by a 50-cent piece.

Do not concuss spine before taking blood, nor when the patient has taken drugs.

No diagnostic method is infallible. It is requested that all physicians correlate the electronic diagnosis with their clinical findings.

ELECTRONIC REACTIONS OF ABRAMS (E R A)

(A few brief and curtailed references from journals and signed letters)

NOE, A. T., M. D.—"I feel that Dr. Abrams has brought to the medical profession the most scientific method of diagnosis that we have ever known." N. A. J. H.

ANTHONY, J. C., M. D.—"Made wonderful diagnosis for me which would have been impossible by other means."

HESS, H. A., M. D.—"Dr. Abrams has made fifty examinations of the blood for me and all correct as far as I can judge."

MEACHAM, S. F., M. D.—"E R A are greatest contribution to medicine."

BOOLSEN, S., M. D.—"I regard the E R A as a great help and have frequently contributed the fee myself, because results talk and success follows a correct diagnosis."

JAWORSKI, H., M. D., Paris, France (author and medical authority; translator of E R A into French).—"I have carefully studied your methods and regard the discovery and its immensity with admiration."

KING, J. W., M. D., Pa.—"Physicians should at once form a caravan and go out and worship at 'Abrams' shrine.' Am getting wonderful results therapeutically from diagnosis made for me by you."

PAREDES, F., M. D., Mexico.—"I shall popularize your marvelous methods of diagnosis in Mexico." (Dr. P. studied the E R A at Dr. A.'s laboratory.) Dr. F. Vasques Gomez, for many years private physician to Diaz, former President of Mexico; Prof. Surgical Pathology, University of Mexico; President, National Academy of Medicine, and Minister Public Instruction, has also studied the E R A at Abrams' laboratory.

POWELL, C. S., M. D.—"The E R A are very helpful in my work, especially in cong. syphilis brought to light and helped by treatment. Wassermann eclipsed by E R A."

NYBLETT, H. G., M. D.—"My experience with Dr. Abrams has convinced me that no man has done as much for scientific medicine as he has."

J. MADISON TAYLOR, M. D. (Article, "An Appreciation of the Teachings of Dr. Abrams," Monthly Cyclopedia and Medical Bulletin, July, 1913).—"Dr. Abrams has focused our attention on one, in my opinion, likely to yield increasingly valuable returns—that of the scope and significance of the spinal reflexes. The light which Dr. Abrams' researches afford is the largest source of illumination, and I, for one, welcome it with thankfulness."

Practical Courses in Spondylotherapy
and
Electronic Diagnosis and Treatment

Dr. Albert Abrams will give courses on these subjects in San Francisco, beginning on the first of each month until further notice. Only reputable physicians and osteopaths can gain admission to the classes, which are limited. The course lasts four weeks, and the fee, in advance, is $250.00. Applicants may address Dr. Abrams, 2151 Sacramento St., San Francisco.

Dr. Abrams' Electrodes
for
Electronic Diagnosis

These consist of three electrodes of aluminum with conducting cord of copper wire (flexible). Price $6.00, express prepaid.

Ohmmeter

(Biodynamometer)

Described on page 44, New Concepts in Diagnosis and Treatment (Abrams), and in September issue of the Journal. Price, $36.00 with electrodes, express collect.

Dr. Abrams' Reflex Set

This consists of a plexor, pleximeter, single and two-pronged instrument. Price $6.00, express prepaid.

Dr. Abrams' Electro-Concussor

Described on page 652 in Spondylotherapy. In writing, state current available. Price $120.00 f. o. b. No apparatus sold on credit. Terms cash. Price of other apparatus on application. Physico-Clinical Co., 2151 Sacramento Street, San Francisco, Cal.